2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 08:00 AM
Secretary of State

DOCUMENT # 770965

1. Entity Name
ISLAMORADA CHARTERBOAT ASSOCIATION, INC.

Principal Place of Business	Mailing Address
272 S. COCONUT PALM BLVD. TAVERNIER, FL 33070 US	P.O. BOX 462 ISLAMORADA, FL 33036

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03222006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-2344436
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DEUEL, CURTIS F.
40 HIGHPOINT ROAD, G-105, BOX 12
TAVERNIER, FL 33070

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10.	OFFICERS AND DIRECTORS
TITLE	PD
NAME	LEOPOLD, STEVE
STREET ADDRESS	272 S. COCONUT PALM BLVD.
CITY-ST-ZIP	TAVERNIER, FL 33070
TITLE	VD
NAME	POPE, GREG
STREET ADDRESS	174 TAMPA DR
CITY-ST-ZIP	ISLAMORADA, FL 33036
TITLE	SD
NAME	ELLIS, MARK
STREET ADDRESS	132 E. CAROL ST
CITY-ST-ZIP	ISLAMORADA, FL 33036
TITLE	TD
NAME	HARBAUGH, DIANNE
STREET ADDRESS	299 WOODS AVE
CITY-ST-ZIP	TAVERNIER, FL 33070
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/11/06-80062-021 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Dianne Harbaugh DIANNE HARBAUGH 3-21-2006 305-852-2102
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #