


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2008 8:00 am
Secretary of State

02-18-2008 90019 027 ****61.25

DOCUMENT # 770965 1. Entity Name ISLAMORADA CHARTERBOAT ASSOCIATION, INC.					
Principal Place of Business 272 S. COCONUT PALM BLVD. TAVERNIER, FL 33070 US				Mailing Address P.O. BOX 462 ISLAMORADA, FL 33036	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2344436	
				5. Certificate of Status Desired <input type="checkbox"/> \$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				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEOPOLD, STEVE		NAME		
STREET ADDRESS	272 S. COCONUT PALM BLVD.		STREET ADDRESS		
CITY-ST-ZIP	TAVERNIER, FL 33070		CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	POPE, GREG		NAME	VD Petrucchio, Joseph	
STREET ADDRESS	174 TAMPA DR		STREET ADDRESS	87200 Overseas Hwy #P-1	
CITY-ST-ZIP	ISLAMORADA, FL 33036		CITY-ST-ZIP	Islamorada, FL 33036	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ELLIS, MARK		NAME	SD Brower, Aaron	
STREET ADDRESS	132 E. CAROL ST		STREET ADDRESS	228 Oleander Dr.	
CITY-ST-ZIP	ISLAMORADA, FL 33036		CITY-ST-ZIP	Tavernier, FL 33070	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HARBAUGH, DIANNE		NAME		
STREET ADDRESS	299 WOODS AVE		STREET ADDRESS		
CITY-ST-ZIP	TAVERNIER, FL 33070		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>Dianne Harbaugh</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			2-12-2008 305-852-2102 <small>Date Daytime Phone #</small>		