## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 770965** 

FILED Mar 12, 2009 Secretary of State

Entity Name: ISLAMORADA CHARTERBOAT ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 272 S. COCONUT PALM BLVD. 272 S. COCONUT PALM BLVD. TAUERNIER, FL 33070 TAVERNIER, FL 33070 **Current Mailing Address: New Mailing Address:** P.O. BOX 462 ISLAMORADA, FL 33036 FEI Number: 59-2344436 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DEUEL, CURTIS F STEVE LEOPOLD 40 HIGHPOINT ROAD, G-105, BOX 12 272 S. COCONUT PALM BLVD TAVERNIER, FL 33070 TAVERNIER, FL 33070 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. SIGNATURE: STEVE LEOPOLD 03/12/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition LEOPOLD, STEVE Name: Name: 272 S. COCONUT PALM BLVD. Address: Address: City-St-Zip: TAVERNIER, FL 33070 City-St-Zip: ( ) Delete Title: VD Title: () Change () Addition PETRUCCO, JOSEPH Name: Name: Address: 87200 OVERSEAS HWY #P-1 Address: City-St-Zip: ISLAMORADA, FL 33036 City-St-Zip: Title: () Delete Title: () Change () Addition BROWER, AARON Name: Name: 228 OLEANDER DRIVE Address: Address: City-St-Zip: TAVERNIER, FL 33070 City-St-Zip: Title: TD ( ) Delete Title: () Change () Addition HARBAUGH, DIANNE Name: Name: Address: 299 WOODS AVE Address: City-St-Zip: TAVERNIER, FL 33070 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DIANNE HARBAUGH TD 03/12/2009