

**2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED**  
**Apr 21, 2008**  
**Secretary of State**

DOCUMENT# N00000005614

**Entity Name:** UNITED STATES LIFESAVING ASSOCIATION MIAMI BEACH, INC.

**Current Principal Place of Business:**

1001 OCEAN DRIVE  
MIAMI BEACH, FL 33139

**New Principal Place of Business:**

**Current Mailing Address:**

1001 OCEAN DRIVE  
MIAMI BEACH, FL 33139

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

YOUNG, ROBERT  
1001 OCEAN DRIVE  
MIAMI BEACH, FL 33139    US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: VP                      ( ) Delete  
Name: WILLIAM, GEDDES  
Address: 1001 OCEAN DR  
City-St-Zip: MIAMI BEACH, FL 33139

Title: C                      ( ) Delete  
Name: SECA, MIKE  
Address: 1001 OCEAN DR  
City-St-Zip: MIAMI BEACH, FL 33139

Title: SEC                      ( ) Delete  
Name: CANELLAS, JOHN  
Address: 1001 OCEAN DR  
City-St-Zip: MIAMI BEACH, FL 33139

Title:                      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TRES                      ( ) Change (X) Addition  
Name: YOUNG, ROBERT  
Address: 1001 OCEAN DR  
City-St-Zip: MIAMI BEACH, FL 33139

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: ROBERT YOUNG

TRES

04/21/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date