

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003193

FILED
Mar 23, 2009
Secretary of State

Entity Name: FLEET 45 SPACE COAST CATAMARAN ASSOCIATION INC.

Current Principal Place of Business:

3 POINT VIEW PLACE
COCOA, FL 32926

New Principal Place of Business:

1399 GLENEAGLES CIRCLE
ROCKLEDGE, FL 32955

Current Mailing Address:

3 POINT VIEW PLACE
COCOA, FL 32926

New Mailing Address:

1399 GLENEAGLES CIRCLE
ROCKLEDGE, FL 32955

FEI Number: 16-1694368

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANDREWS, DAVID A
3 POINT VIEW PLACE
COCOA, FL 32926 US

Name and Address of New Registered Agent:

TURNER, KATHY L
1399 GLENEAGLES CIRCLE
ROCKLEDGE, FL 32955 US

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: KATHY L. TURNER

03/23/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KARR, BRIAN
Address: 2045 ROCKLEDGE DR.
City-St-Zip: ROCKLEDGE, FL 32955

Title: D () Delete
Name: MCDONALD, MATTHEW
Address: 3752 SUNWARD DRIVE
City-St-Zip: MERRITT ISLAND, FL 32953

Title: TD () Delete
Name: ANDREWS, DAVID A
Address: 3 POINT PLACE
City-St-Zip: COCOA, FL 32926

Title: SD () Delete
Name: INGRAM, DAVID
Address: 16695 TEQUESTA TRAIL
City-St-Zip: CLERMONT, FL 34715

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: HARNDEN, CHUCK
Address: 140 CINNAMON DR
City-St-Zip: SATELLITE BEACH, FL 32937

Title: SD (X) Change () Addition
Name: MCDONALD, MATTHEW
Address: 3752 SUNWARD DRIVE
City-St-Zip: MERRITT ISLAND, FL 32953

Title: TD (X) Change () Addition
Name: TURNER, KATHY L
Address: 1399 GLENEAGLES CIRCLE
City-St-Zip: ROCKLEDGE, FL 32955

Title: D (X) Change () Addition
Name: RODERICKS, FRANK
Address: 1399 GLENEAGLES CIRCLE
City-St-Zip: ROCKLEDGE, FL 32955

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: KATHY L. TURNER

TD

03/23/2009

Electronic Signature of Signing Officer or Director

Date