

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010534

FILED  
Mar 21, 2011  
Secretary of State

**Entity Name:** CONCH REPUBLIC OFFSHORE POWER BOAT RACING ASSOCIATION, INC.

**Current Principal Place of Business:**

500 FLEMING STREET  
KEY WEST, FL 33040

**New Principal Place of Business:**

**Current Mailing Address:**

500 FLEMING STREET  
KEY WEST, FL 33040

**New Mailing Address:**

**FEI Number:** 20-1674226

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HUGHES, ERICA N  
500 FLEMING STREET  
KEY WEST, FL 33040 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: PD  
Name: BLIEL, LARRY  
Address: 500 FLEMING ST  
City-St-Zip: KEY WEST, FL 33040

Title: SD  
Name: GIBSON, BARRY  
Address: 302 FRONT STREET  
City-St-Zip: KEY WEST, FL 33040

Title: TD  
Name: HUGHES, ERICA N  
Address: 500 FLEMING ST  
City-St-Zip: KEY WEST, FL 33040

Title: VPD  
Name: ROSSI, MARK  
Address: 208 DUVAL ST  
City-St-Zip: KEY WEST, FL 33040

Title: D  
Name: SPOTTSWOOD, WILLIAM B  
Address: 500 FLEMING ST  
City-St-Zip: KEY WEST, FL 33040

Title: D  
Name: LEWIN, KURT  
Address: 404 WHITE ST  
City-St-Zip: KEY WEST, FL 33040

I hereby 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 all other like empowered.

SIGNATURE: LARRY BLEIL

PRES

03/21/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date