

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N15746** (3)

1. Corporation Name
ROYAL PELICAN BOATING ASSOCIATION, INC.



Principal Place of Business: P O BOX 6017 FT MYERS BCH FL 33932
Mailing Address: P O BOX 6017 FT MYERS BCH FL 33932

3. Date Incorporated or Qualified 07/08/1986	3a. Date of Last Report 04/25/1995
4. FEI Number 59-2691481	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
DEBOEST RICHARD 1415 HENDRY ST. FORT MYERS FL 33931				81 Name	D.G. Saitor		
				82 Street Address (P.O. Box Number is Not Acceptable)	1661 Estero Blvd.		
				83	PO Box 6017		
				84 City	Font Myers Beach	FL	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *[Signature]* DOUGLAS G. SAITOR DATE: 4/15/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRAW BETTY A. F.S	1.2 NAME	CRAWFIS, BETTY
STREET ADDRESS	4511 BAY BCH., LN # 311	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS BEACH FL	1.4 CITY-ST-ZIP	
TITLE	STD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIKORA RICHARD	2.2 NAME	
STREET ADDRESS	4511 BAY BCH., LN # 311	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS BEACH FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOTT, DICK	3.2 NAME	DIRECTOR
STREET ADDRESS	4511 BAY BEACH LANE	3.3 STREET ADDRESS	KEEN, JIM
CITY-ST-ZIP	FT. MYERS BEACH FL	3.4 CITY-ST-ZIP	4511 BAY BEACH LANE # 331
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* BETTY CRAWFIS DATE: 4/16/96
Signature and typed or printed name of signing officer or director

CR2E037 (12/95)