—NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N15746

1. Entity Name

Royal Pelican Boating Association, Inc.

FILED Mar 19, 2002 8:00 am Secretary of State

03-19-2002 90035 009 ****61.25

	o N	ot write								
Principal Place of Business										
		Rd. 205		11595 Kelly Rd						
Suite, Apt. #				Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
206			206	206						14-15-15-
City & State Ft. Myers, FL			City & State	•			4. FEI Number Applied For 592691481 Not Applicable			
-	Country Country			Ft. Myers, FL			SR 75 Additional			
Zip 33908	USA 33908			US	ountry 7		5. Certificate of Status Desired Fee Required			
33906 USA 1 33906					Ť		7. Name and Addre	ss of Current R	egistered A	gent
IN THIS SPACE Street A							. Myers FL Zip Code 33908			
8. 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. SICNATURE SIgnature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
FEE IS \$61.25 Initial or Amended UBR 9. Election Camp Trust Fund Co					·		\$5.00 May Be Make Check Payable to Department of State		_	
TITLE		OTTICERS AND DIR	TI	IF.						
NAME STREET ADDRESS CHY-ST-ZIP	PD Betty Crawfis 4511 Bay Beach Lane #311 Ft. Myers Bch, FL 33931				ME REET ADDRESS Y-ST-ZIP					
NAME STREET ADDRESS CITY-ST-ZIP	VD Eugene Burch 4541 Bay Beach Lane #342				le Me Reet address Y-St-ZIP					
NAME STREET ADDRESS CITY-ST-ZIP	Ft Myers BCH, FL 339312 STD Gerhard Veith 4531 Bay Beach Lane #334 Ft. Myers Bch, FL 33931				LE Me Reet adoress Y-ST-ZIP	-	DO	NOT V	VRIT	
TITLE NAME SFREET ADDRESS CITY-ST-ZIP	1 C. F.	iyers bony 1		sπ	LE ME REET ADORESS Y-ST-ZIP		IN T	THIS S	PACI	E
TITLE NAME STREET ADDRESS CITY-ST-ZIP		A.		STI	LE ME REET ADDRESS Y-ST-ZIP					
NAME STREET ADDRESS CITY-ST-ZIP				ST	LE ME REET ADDRESS Y-ST-ZIP					

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: