


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 31, 2004 8:00 am
Secretary of State

03-31-2004 90034 047 ****61.25

DOCUMENT # N15746			
1. Entity Name ROYAL PELICAN BOATING ASSOCIATION, INC.			
Principal Place of Business 13611-6 MCGREGOR BLVD FORT MYERS FL 33919		Mailing Address 13611-6 MCGREGOR BLVD FORT MYERS FL 33919	
2. Principal Place of Business same		3. Mailing Address same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E037 (11/03)

4. FEI Number 59-2691481		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MONARCH ASSCN MANAGEMENT, INC 13611-6 MCGREGOR BLVD FORT MYERS FL 33919		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		State FL Zip Code	

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CRAWFIS, BETTY		NAME	Jim Becker	
STREET ADDRESS	4511 BAY BCH., LN # 311		STREET ADDRESS	4551 Bay Beach Lane #253	
CITY-ST-ZIP	FORT MYERS BEACH FL 33931		CITY-ST-ZIP	Ft. Myers Beach, FL 33931	
TITLE	STD	<input checked="" type="checkbox"/> Delete	TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BURCH, GENE		NAME	Larry Mersing	
STREET ADDRESS	4541 BAY BEACH LANE #342		STREET ADDRESS	4531 Bay Beach Lane #234	
CITY-ST-ZIP	FORT MYERS BEACH FL 33-9312		CITY-ST-ZIP	Ft. Myers Beach, FL 33931	
TITLE	STD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VEITH, GERHARD		NAME		
STREET ADDRESS	4531 BAY BEACH LANE, #334		STREET ADDRESS	826 SW 47th St.	
CITY-ST-ZIP	FT. MYERS BEACH FL 33931		CITY-ST-ZIP	Cape Coral, FL 33914	
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SACCO, CARMINE		NAME		
STREET ADDRESS	4591 BAY BEACH LN #191		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS BEACH FL 33531		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Bill Buehler	
STREET ADDRESS			STREET ADDRESS	35 Feildstone	
CITY-ST-ZIP			CITY-ST-ZIP	Poland, OH 44514	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **4/19/04** 239/454-1101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #