


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2005 08:00 AM
Secretary of State

DOCUMENT # N15746
 1. Entity Name
ROYAL PELICAN BOATING ASSOCIATION, INC.



Principal Place of Business Mailing Address
13611-6 MCGREGOR BLVD **13611-6 MCGREGOR BLVD**
FORT MYERS, FL 33919 **FORT MYERS, FL 33919**



DO NOT WRITE IN THIS SPACE

01132005 No Chg-NP CR2E037 (10/03)

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

6. Name and Address of Current Registered Agent
MONARCH ASSCN MANAGEMENT, INC
13611-6 MCGREGOR BLVD
FORT MYERS, FL 33919

DO NOT WRITE IN THIS SPACE

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 Monarch Management - Dianna Wallis, Mgr. *D Wallis* DATE 1/14/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BECKER, JIM 4551 BAY BEACH LANE #253 FORT MYERS BEACH, FL 33931
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MERSING, LARRY 4531 BAY BEACH LANE #234 FORT MYERS BEACH, FL 33931
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VEITH, GERHARD 826 SW 47TH ST. CAPE CORAL, FL 33914
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SACCO, CARMINE 4591 BAY BEACH LN #191 FORT MYERS BEACH, FL 33531
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUEHLER, BILL 35 FIELDSTONE POLAND, OH 44514
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000252356
 03/05/05-80022-023 61.25

DO NOT WRITE IN THIS SPACE

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: *Dianna Wallis*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #