


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 10, 2006 8:00 am**  
**Secretary of State**

05-10-2006 90097 032 \*\*\*\*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

**60037669**



2. Principal Place of Business  
 6700 Winkler Rd  
 Suite, Apt. #, etc. #2  
 City & State Ft. Myers FL  
 Zip 33919 Country US

3. Mailing Address  
 same  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

05042006 Chg-NP CR2E037 (4/06)

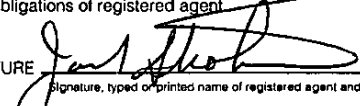
4. FEI Number  
 59-2691481 Applied For Not Applicable

5. Certificate of Status Desired  \$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

7. Name and Address of New Registered Agent  
 Name Alliant Prop. Mgmt.  
 Street Address (P.O. Box Number is Not Acceptable) same as above  
 City 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  **Jack Strohm** DATE 4.26.06  
(NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by September 6, 2006**

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

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |   |
|----------------|---|
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **Jack Strohm** DATE 4.26.06 239/454-1101  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #