


03-06-2003 90140 031 ***61.25

**2003 NOT-FOR-PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

80048018

DOCUMENT # N15746			
1. Entity Name ROYAL PELICAN BOATING ASSOCIATION, INC.			
Principal Place of Business 11595 KELLY RD. 206 FORT MYERS, FL 33908		Mailing Address P O BOX 6017 FT MYERS BCH, FL 33932	
2. Principal Place of Business <i>13611-6 McGregor Blvd</i> Suite, Apt. #, etc.		3. Mailing Address <i>13611-6 McGregor Blvd</i> Suite, Apt. #, etc.	
City & State <i>FL MYERS FL</i>		City & State <i>FL MYERS FL</i>	
Country <i>33919</i>		Country <i>33919</i>	
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 11595 KELLY ROAD SUITE 206 FORT MYERS, FL 33908		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>13611-6 McGregor Blvd</i> <i>FL MYERS</i> FL Zip Code <i>33919</i>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's license required when obtaining)</small>			
FILE NOW FEE IS \$61.25		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			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CRAWFIS, BETTY 4511 BAY BCH, LN # 311 FORT MYERS BEACH, FL 33931 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BURCH, GENE 4541 BAY BEACH LANE #342 FORT MYERS BEACH, FL 339312 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	9TD VEITH, GERHARD 4631 BAY BEACH LANE, #334 FT. MYERS BEACH, FL 33931 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VORIQ, PETER <input checked="" type="checkbox"/> Delete 4651 BAY BEACH LANE, SUITE 163 FORT MYERS BEACH, FL 33931	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>CAEMINE-SALCO</i> <i>4551 BAY BEACH LN # 191</i> <i>FT. MYERS BEACH, FL 33931</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Betty Crawford</i>		Date: <i>2/27/03</i> Phone: <i>239-765-4325</i>	

CR20037 (10/02)