

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 17, 2006 8:00 am**  
**Secretary of State**

02-17-2006 90078 029 \*\*\*\*61.25

**DOCUMENT # N18201**

1. Entity Name

SEMINOLE RIDGE BOAT RAMP ASSOCIATION, INC.



Principal Place of Business

648 SE 4TH AVENUE  
MELROSE FL 32666  
US

Mailing Address

648 SE 4TH AVENUE  
MELROSE FL 32666  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-2762205

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, HOLLIE M  
648 SE 4TH AVENUE  
MELROSE FL 32666

Name

Street Address (P.O. Box Number is Not Acceptable)

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 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: VD  
NAME: CHILDERS, CURTIS  
STREET ADDRESS: 618 SE 4TH AVE  
CITY- ST- ZIP: MELROSE FL 32666 ☐ Delete

TITLE: SD  
NAME: SMITH, HOLLIE M  
STREET ADDRESS: 648 SE 4TH AVENUE  
CITY- ST- ZIP: MELROSE FL 32666 ☐ Delete

TITLE: D  
NAME: CHESTNUT, WILLIAM  
STREET ADDRESS: 359 SE 4TH AVENUE  
CITY- ST- ZIP: MELROSE FL 32666 ☒ Delete

TITLE: PD  
NAME: GRAB, WILLIAM  
STREET ADDRESS: 564 SE 4TH AVENUE  
CITY- ST- ZIP: MELROSE FL 32666 ☐ Delete

TITLE: D  
NAME: RAY, JORDAN B  
STREET ADDRESS: 625 S.E. 5TH AVE.  
CITY- ST- ZIP: MELROSE FL 32666 ☐ Delete

TITLE:   
NAME:   
STREET ADDRESS:   
CITY- ST- ZIP:   
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE:   
NAME:   
STREET ADDRESS:   
CITY- ST- ZIP:   
☐ Change ☐ Addition

TITLE:   
NAME:   
STREET ADDRESS:   
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CITY- ST- ZIP:   
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Hollie M. Smith

2/4/06 (352) 475-3087