

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N26697 (5)

1. Corporation Name

PALM COAST BOATING ASSOCIATION, INC.



Principal Place of Business

Mailing Address

6 CONWAY CT
P.O. BOX 351742
PALM COAST FL 32137
US

6 CONWAY CT
P.O. BOX 351742
PALM COAST FL 32137
US

3. Date Incorporated or Qualified

05/31/1988

3a. Date of Last Report

02/01/1995

2. Principal Place of Business

2a. Mailing Address

21 14 Claymont Ct. S

26 14 Claymont Ct. S

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 P.O. Box 351742

27 P.O. Box 351742

City & State

City & State

23 Palm Coast, FL

28 Palm Coast FL

Zip

Country

Zip

Country

24 32137

25 U.S.

29 32137

30 US

4. FEI Number

59-2886571

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHAEFER, ROY
6 CONWAY CT
PALM COAST FL 32137

81 Name

Carol Mayor

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

14 Claymont Court S.

83

P.O. Box 351742

84 City

Palm Coast

FL

85 Zip Code

32137

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Carol Mayor, Commodore

Feb. 2, 1996

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	RC	<input checked="" type="checkbox"/> DELETE
NAME	MAYOR, CAROL	
STREET ADDRESS	14 CLAYMONT CT S	
CITY-ST-ZIP	PALM COAST FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	REPETZ, DOROTHY	
STREET ADDRESS	1 FERGUSON COURT	
CITY-ST-ZIP	PALM COAST FL	
TITLE	VCD	<input checked="" type="checkbox"/> DELETE
NAME	ATKATSH, VYTO	
STREET ADDRESS	25 FARADAY LN	
CITY-ST-ZIP	PALM COAST FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	DZIMIAN, SY	
STREET ADDRESS	106 CIMMARON DRIVE	
CITY-ST-ZIP	PALM COAST FL	
TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	SCHAEFER, ROY	
STREET ADDRESS	6 CONWAY COURT	
CITY-ST-ZIP	PALM COURT FL	
TITLE	FC	<input type="checkbox"/> DELETE
NAME	SULSER, TOM	
STREET ADDRESS	2 CLARIDGE CT S	
CITY-ST-ZIP	PALM COAST FL	

13.

1.1 TITLE	Commodore - D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Carol Mayor	
1.3 STREET ADDRESS	14 Claymont Ct. S	
1.4 CITY-ST-ZIP	Palm Coast, FL 32137	
2.1 TITLE	Secretary - D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Roberta Stall	
2.3 STREET ADDRESS	19 Fletcher Ct.	
2.4 CITY-ST-ZIP	Palm Coast 32137	
3.1 TITLE	Rear Commodore - D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Atkatch, Vyto	
3.3 STREET ADDRESS	25 Farraday Lane	
3.4 CITY-ST-ZIP	Palm Coast, FL 32137	
4.1 TITLE	Vice Commodore - D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	O'Connor, John	
4.3 STREET ADDRESS	24 Coolidge Ct.	
4.4 CITY-ST-ZIP	Palm Coast, FL 32137	
5.1 TITLE	Fleet Captain - D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Sulser, Thomas	
5.3 STREET ADDRESS	2 Claridge Court S.	
5.4 CITY-ST-ZIP	Palm Coast, FL	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	000001753720	
6.3 STREET ADDRESS	-03/22/96-01011-028	
6.4 CITY-ST-ZIP	***61.25	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Sy Dzimian Sy Dzimian Jan. 31, '96 904-445-0356

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)