


FILE NOW: FILING FEE IS \$61.25

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Mar 19 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N26697** (5)  
1. Corporation Name  
**PALM COAST BOATING ASSOCIATION, INC.**



Principal Place of Business <b>25 FARRADAY LANE P.O. BOX 351742 PALM COAST FL 32137 US</b>	Mailing Address <b>PO BOX 351742 P.O. BOX 351742 PALM COAST FL 32135 US</b>
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3. Date Incorporated or Qualified <b>05/31/1988</b>
4. FEI Number <b>59-2886571</b>
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Place of Business <b>21 7 Clee Court</b> Suite, Apt. #, etc. <b>22 P O Box 351742</b> City & State <b>23 Palm Coast, FL</b> Zip <b>24 32137</b>	2a. Mailing Address <b>26 P O Box 351742</b> Suite, Apt. #, etc. <b>27 P O Box 351742</b> City & State <b>28 Palm Coast FL</b> Zip <b>29 32135</b>
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**VITO ALKATSH  
25 FARRADAY LANE  
P.O. 351742  
PALM COAST FL 32137**

81 Name <b>Dave Daniel</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>7 Clee Court</b>
83
84 City <b>Palm Coast</b>
85 Zip Code <b>FL 32137</b>

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 *Dave Daniel* **Dave Daniel** **3-12-98**  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>CPD</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>CPD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>VITO ATKATSH</b>		1.2 NAME <b>Dave Daniel</b>	
STREET ADDRESS <b>25 FARRADAY LANE</b>		1.3 STREET ADDRESS <b>7 Clee Court</b>	
CITY-ST-ZIP <b>PALM COAST FL</b>		1.4 CITY-ST-ZIP <b>Palm Coast FL</b>	
TITLE <b>VPC</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <b>VPC</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>STANLEY KAUFMAN</b>		2.2 NAME <b>Doug Brown</b>	
STREET ADDRESS <b>3 WALDORF PLACE</b>		2.3 STREET ADDRESS <b>36 Westbriar Lane</b>	
CITY-ST-ZIP <b>PALM COAST FL</b>		2.4 CITY-ST-ZIP <b>Palm Coast FL</b>	
TITLE <b>RCD</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE <b>RCD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ROY SCHAFER</b>		3.2 NAME <b>Ted Cavooris</b>	
STREET ADDRESS <b>6 CONWAY COURT</b>		3.3 STREET ADDRESS <b>16 Chippeway Court</b>	
CITY-ST-ZIP <b>PALM COAST FL</b>		3.4 CITY-ST-ZIP <b>Palm Coast FL</b>	
TITLE <b>VCD</b>	<input checked="" type="checkbox"/> DELETE	4.1 TITLE <b>VCD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SY DZIMIAN</b>		4.2 NAME <b>Dorothy Repetz</b>	
STREET ADDRESS <b>106 CIMMACRON DR.</b>		4.3 STREET ADDRESS <b>1 Ferguson Court</b>	
CITY-ST-ZIP <b>PALM COAST FL</b>		4.4 CITY-ST-ZIP <b>Palm Coast FL</b>	
TITLE <b>FC</b>	<input checked="" type="checkbox"/> DELETE	5.1 TITLE <b>FC</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SULSER, TOM</b>		5.2 NAME <b>Joseph White</b>	
STREET ADDRESS <b>2 CLARIDGE CT S</b>		5.3 STREET ADDRESS <b>8 Cherokee Court E</b>	
CITY-ST-ZIP <b>PALM COAST FL</b>		5.4 CITY-ST-ZIP <b>Palm Coast FL</b>	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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: *Dorothy Repetz* **DOROTHY REPETZ** **12 March 1998** **904 445-4735**

CP2E037 (10/97)