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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N26697

1. Corporation Name

PALM COAST BOATING ASSOCIATION, INC.

Principal Place of Business

7 CLEE CT
P O BOX 351742
PALM COAST FL 32137
US

Mailing Address

P O BOX 351742
P.O. BOX 351742
PALM COAST, FL 32135
US



2. Principal Place of Business

21 *36 Westbriar Lane*

2a. Mailing Address

26 *P.O. Box 351742*

3. Date Incorporated or Qualified

05/31/1988

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**

23 *Palm Coast Florida*

28 *Palm Coast Florida*

Zip

32164

Country

Flagler

Zip

32135

Country

Flagler

9. Name and Address of Current Registered Agent

DANIEL, DAVE
7 CLEE CT
P.O. 351742
PALM COAST FL 32137

10. Name and Address of New Registered Agent

81 Name *Douglas Brown*
82 Street Address (P.O. Box Number is Not Acceptable)
36 Westbriar Lane
83
84 City *Palm Coast* FL 85 Zip Code *32164*

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

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

(NOTE: Registered Agent signature required when reinstating)

3/11/99
DATE

12. OFFICERS AND DIRECTORS

TITLE	CPD	<input checked="" type="checkbox"/> DELETE
NAME	DANIEL, DAVE	
STREET ADDRESS	7 CLEE COURT	
CITY-ST-ZIP	PALM COAST FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	BROWN, DOUG	
STREET ADDRESS	36 WEST BRIAR LN	
CITY-ST-ZIP	PALM COAST FL	
TITLE	RDC	<input checked="" type="checkbox"/> DELETE
NAME	CAVOORIS, TED	
STREET ADDRESS	16 CHIPPEWAY CT	
CITY-ST-ZIP	PALM COAST FL	
TITLE	VCD	<input checked="" type="checkbox"/> DELETE
NAME	SY DZIMIAN	
STREET ADDRESS	1 FERGUSON CT	
CITY-ST-ZIP	PALM COAST FL	
TITLE	FC	<input type="checkbox"/> DELETE
NAME	WHITE, JOSEPH	
STREET ADDRESS	8 CHEROKEE CT E	
CITY-ST-ZIP	PALM COAST FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<i>Douglas Brown</i>	
1.3 STREET ADDRESS	<i>36 Westbriar Lane</i>	
1.4 CITY-ST-ZIP	<i>Palm Coast, Florida</i>	
2.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<i>Joseph Camilleri</i>	
2.3 STREET ADDRESS	<i>11 Crossleaf Court, E</i>	
2.4 CITY-ST-ZIP	<i>Palm Coast, Florida</i>	
3.1 TITLE	RDC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<i>Terry Neveas</i>	
3.3 STREET ADDRESS	<i>75 Coral Reef Court N.</i>	
3.4 CITY-ST-ZIP	<i>Palm Coast, Florida</i>	
4.1 TITLE	VCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<i>Dorothy Repetz</i>	
4.3 STREET ADDRESS	<i>1 Ferguson Court</i>	
4.4 CITY-ST-ZIP	<i>Palm Coast, Florida</i>	
5.1 TITLE	FC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<i>Joseph White</i>	
5.3 STREET ADDRESS	<i>8 Cherokee Court E.</i>	
5.4 CITY-ST-ZIP	<i>Palm Coast, Florida</i>	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 with all other like empowered.

SIGNATURE:

Dorothy Repetz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DOROTHY REPETZ
Date *904-445-4735* Daytime Phone #
9 March 1999

CR2F037-(11/99)