

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N43710

**FILED**  
**Feb 10, 2012**  
**Secretary of State**

**Entity Name:** THE UNITED STATES LIFESAVING ASSOCIATION SOUTHEAST REGION INC.

**Current Principal Place of Business:**

1043 LINCOLN STREET  
HOLLYWOOD, FL 33019 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 2456  
HALLANDALE BEACH, FL 33008 US

**New Mailing Address:**

**FEI Number:** 65-0321316

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FALCONER, GERRY  
1043 LINCOLN STREET  
HOLLYWOOD, FL 33019 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: FALCONER, GERRY  
Address: 1001 OCEAN DRIVE  
City-St-Zip: MIAMI BEACH, FL 33139 US

Title: VP  
Name: WAGENHALS, JO  
Address: 10 N POMPANO BEACH BLVD  
City-St-Zip: POMPANO BEACH, FL 33062 US

Title: SEC  
Name: SCHWARZ, ERIK  
Address: 10 N. POMPANO BEACH BLVD  
City-St-Zip: POMPANO BEACH, FL 33062 US

Title: ADV.  
Name: MCMANUS, JOE  
Address: 13450 77 STREET  
City-St-Zip: FE3LLSMERE, FL 32948 US

Title: TRES  
Name: MALER, BOB  
Address: P.O. BOX 2456  
City-St-Zip: HALLANDALE BEACH, FL 33008 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: GERRY FALCONER

PRES

02/10/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date