

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 07, 2006 08:00 AM
Secretary of State

DOCUMENT # N44395

1. Entity Name
INDIAN RIVER COUNTY BOAT ASSOCIATION, INC.



Principal Place of Business
**126 S. PINE ST.
FELLSMERE, FL 32948**

Mailing Address
**126 S. PINE ST.
FELLSMERE, FL 32948**



07022006 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0319844

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MYERS, WILLIAM L.
126 S. PINE ST
FELLSMERE, FL 32948**

**DO NOT WRITE
IN THIS SPACE**

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 William L. Myers
Signature, typed or printed name of registered agent and title if applicable.

William L. Myers
(NOTE: Registered Agent signature required when reinstating)

7-4-06
DATE

**Filing Fee is \$61.25
Due by September 8, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D**
NAME **ANDERSON, KEN**
STREET ADDRESS **9336 126TH AVE**
CITY-ST-ZIP **FELLSMERE, FL 32948**

TITLE **P**
NAME **FRONTZ, DUANE**
STREET ADDRESS **81 S. MYRTLE ST.**
CITY-ST-ZIP **FELLSMERE, FL 32948**

TITLE **D**
NAME **ROODE, WILLIAM**
STREET ADDRESS **13425 95TH ST.**
CITY-ST-ZIP **FELLSMERE, FL 32948**

TITLE **D**
NAME **HEARNDON, MICHAEL**
STREET ADDRESS **11 S MAGNOLIA ST**
CITY-ST-ZIP **FELLSMERE, FL 32948**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000568564
07/07/06-80014-009 70.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Duane Frontz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-3-06 772-571-1131
Date Daytime Phone #