

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 15, 2008 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



01262008 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)

2-11-08  
DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

**9. Election Campaign Financing  
Trust Fund Contribution.**

☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	D
<b>NAME</b>	ANDERSON, KEN
<b>STREET ADDRESS</b>	9336 126TH AVE
<b>CITY-ST-ZIP</b>	FELLSMERE, FL 32948
<b>TITLE</b>	P
<b>NAME</b>	FRONTZ, DUANE
<b>STREET ADDRESS</b>	81 S. MYRTLE ST.
<b>CITY-ST-ZIP</b>	FELLSMERE, FL 32948
<b>TITLE</b>	D
<b>NAME</b>	ROODE, WILLIAM
<b>STREET ADDRESS</b>	13425 95TH ST.
<b>CITY-ST-ZIP</b>	FELLSMERE, FL 32948
<b>TITLE</b>	D
<b>NAME</b>	HEARNDON, MICHAEL
<b>STREET ADDRESS</b>	11 S MAGNOLIA ST
<b>CITY-ST-ZIP</b>	FELLSMERE, FL 32948
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

U00000830154  
02/26/08-80072-008 70.00

**DO NOT WRITE  
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

2-12-08 (772-571-1532)  
Date Daytime Phone #