


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2008 08:00 AM
Secretary of State

DOCUMENT # N93000005552
 1. Entity Name
RIVER BOAT CLUB PROPERTY OWNERS' ASSOCIATION, INC.



Principal Place of Business Mailing Address
5200 95TH STREET **5200 95TH STREET**
SEBASTIAN, FL 32958 US **SEBASTIAN, FL 32958 US**

DO NOT WRITE IN THIS SPACE



01132008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3323144	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
MOORE, TED
5200 95TH STREET
SEBASTIAN, FL 32958

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

U00000787803
 01/18/08-80014-019 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MOORE, TED L 5200 95TH ST. SEBASTIAN, FL 32958
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GOODWIN, WALTER 5530 95TH ST SEBASTIAN, FL 32958
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MOORE, JO ANN 5200 95TH STREET SEBASTIAN, FL 32958
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS FOWLER, ROBERT M 5100 95 ST SEBASTIAN, FL 32958
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *Ted L Moore* 01/14/08 (972) 581-4474
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #