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Secretary of State

03-02-1999 90134 041 ****70.00

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N95000001146					
1. Corporation Name UNITED STATES LIFESAVING ASSOCIATION S.E. REGION, BOCA CHAPTER INC.					
Principal Place of Business 80 S. OCEAN BLVD. BOCA RATON FL 33432			Mailing Address 80 S. OCEAN BLVD. BOCA RATON FL 33432		



2. Principal Place of Business 21 3939 N. Ocean Blvd Suite, Apt. #, etc.		2a. Mailing Address 28 3939 N. Ocean Blvd Suite, Apt. #, etc.		3. Date Incorporated or Qualified 03/09/1995	
22 City & State BOCA RATON FL		27 City & State BOCA RATON		4. FEI Number 65-0562191	
23 Zip 33432		29 Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
24 33432		25 FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent HALL, ROBERT S 1103 S.E. 7TH STREET DEERFIELD BEACH FL 33441				10. Name and Address of New Registered Agent 81 Name Phil Wotton 82 Street Address (P.O. Box Number is Not Acceptable) 707 SE 4th Ave 83 Deerfield Beach FL 84 City FL 85 Zip Code 33483	
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 <u>Phil Wotton</u> DATE <u>1-18-99</u>					

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D NAME HALL, ROBERT S STREET ADDRESS 1103 S.E. 7TH STREET CITY-ST-ZIP DEERFIELD BEACH FL 33441	<input checked="" type="checkbox"/> DELETE	1.1 TITLE D 1.2 NAME Jeff Blockoff 1.3 STREET ADDRESS 712 Ambleside way 1.4 CITY-ST-ZIP Lake Worth FL 33467	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME TRACY, CLINT STREET ADDRESS 915 S.W. 5TH STREET CITY-ST-ZIP BOCA RATON FL 33486	<input type="checkbox"/> DELETE	2.1 TITLE D 2.2 NAME CLINT, TRACY 2.3 STREET ADDRESS 411 SW 1ST ST 2.4 CITY-ST-ZIP BOCA RATON FL 33432	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME EDWARDS, THOMAS P STREET ADDRESS 940 SWEETWATER LANE, APT 308 CITY-ST-ZIP BOCA RATON FL 33441-7125	<input checked="" type="checkbox"/> DELETE	3.1 TITLE D 3.2 NAME Phil Wotton 3.3 STREET ADDRESS 707 SE 4th Ave 3.4 CITY-ST-ZIP Deerfield Beach FL 33483	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME JASON KILWORTH STREET ADDRESS 3234 NW 28th Terr CITY-ST-ZIP BOCA RATON FL 33434	<input type="checkbox"/> DELETE	4.1 TITLE D 4.2 NAME JASON KILWORTH 4.3 STREET ADDRESS 3234 NW 28th Terr 4.4 CITY-ST-ZIP BOCA RATON FL 33434	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME JASON KILWORTH STREET ADDRESS 3234 NW 28th Terr CITY-ST-ZIP BOCA RATON FL 33434	<input type="checkbox"/> DELETE	5.1 TITLE D 5.2 NAME JASON KILWORTH 5.3 STREET ADDRESS 3234 NW 28th Terr 5.4 CITY-ST-ZIP BOCA RATON FL 33434	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME JASON KILWORTH STREET ADDRESS 3234 NW 28th Terr CITY-ST-ZIP BOCA RATON FL 33434	<input type="checkbox"/> DELETE	6.1 TITLE D 6.2 NAME JASON KILWORTH 6.3 STREET ADDRESS 3234 NW 28th Terr 6.4 CITY-ST-ZIP BOCA RATON FL 33434	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Phil Wotton **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-99

Date

561-393-7842

Daytime Phone #

CR2E037 (11/98)