

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001146

FILED  
Apr 13, 2004  
Secretary of State

**Entity Name:** UNITED STATES LIFESAVING ASSOCIATION S.E. REGION, BOCA CHAPTER INC.

**Current Principal Place of Business:**

3939 NORTH OCEAN BLVD.  
BOCA RATON, FL 33432

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 324  
BOCA RATON, FL 334290324

**New Mailing Address:**

**FEI Number:** 65-0562191

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MCGLAMERY, PATRICK  
8371 BERMUDA SOUND WAY  
BOYNTON BEACH, FL 33436 US

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

PENNY, DARREN W  
3740 RIVERSIDE WAY  
DELRAY BEACH, FL 33445 US

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: DARREN W. PENNY

04/13/2004

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: TURNER, SEAN  
Address: P.O. BOX 453  
City-St-Zip: BOCA RATON, FL 33429

Title: VPD ( ) Delete  
Name: YOUNG, KEVIN  
Address: 286 SW 2ND ST STREET  
City-St-Zip: BOCA RATON, FL 33432

Title: TD (X) Delete  
Name: MCGLAMERY, PATRICK  
Address: 8371 BERMUDA SOUND WAY  
City-St-Zip: BOYNTON BEACH, FL 33436

Title: SD (X) Delete  
Name: KIRKWOOD, JASON  
Address: 3234 N.W. 28TH TERRACE  
City-St-Zip: BOCA RATON, FL 33434

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TD (X) Change ( ) Addition  
Name: PENNY, DARREN W  
Address: 3740 RIVERSIDE WAY  
City-St-Zip: DELRAY BEACH, FL 33445

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DARREN W. PENNY

TD

04/13/2004

Electronic Signature of Signing Officer or Director

Date