

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

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90307 036 ****61.25

DOCUMENT # N95000001146

1. Entity Name

UNITED STATES LIFESAVING ASSOCIATION S.E.
REGION, BOCA CHAPTER INC.



Principal Place of Business

3939 NORTH OCEAN BLVD.
BOCA RATON, FL 33432

Mailing Address

P O BOX 324
BOCA RATON, FL 33429-0324

60024710



02242006 No Chg-NP

CR2E037 (11/05)

4. FEI Number
65-0562191

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

**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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME TURNER, SEAN
STREET ADDRESS P.O. BOX 453
CITY-ST-ZIP BOCA RATON, FL 33429

TITLE TD
NAME PENNY, DARREN W
STREET ADDRESS 3740 RIVERSIDE WAY
CITY-ST-ZIP DELRAY BEACH, FL 33445

TITLE vice president
NAME JACK LUKA
STREET ADDRESS 3739 N. Ocean Blvd
CITY-ST-ZIP Boca Raton FL 33432

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Darren W. Penny
Darren W. Penny

03/10/06

Date

561-353-7820

Daytime Phone #