

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 15, 2007 8:00 am**  
**Secretary of State**

05-15-2007 90006 006 \*\*\*\*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



2. Principal Place of Business - No P.O. Box #

(Same) 3939 N. Ocean Blvd

3. Mailing Address

P O Box 324

Suite, Apt. #, etc.

Boca Raton

Suite, Apt. #, etc.

Boca Raton

City & State

FL

City & State

FL

Zip

33432

Country

Zip

33429

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

65-0562191

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

PENNY, DARREN W  
3740 RIVERSIDE WAY  
DELRAY BEACH FL 33445

7. Name and Address of New Registered Agent

Name Sean Turner

Street Address (P.O. Box Number is Not Acceptable)

145 NW 9th ST.

City Boca Raton

FL

Zip Code

33432

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 *Sean Turner* Sean Turner

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-26-07

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

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

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

TITLE VP ☐ Delete  
NAME LUKA, JACK  
STREET ADDRESS 3939 N OCEAN BLVD  
CITY- ST- ZIP BOCA RATON FL 33432

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD/TD ☐ Change ☐ Addition  
NAME Turner, Sean  
STREET ADDRESS 145 NW 9th ST  
CITY- ST- ZIP Boca Raton FL 33432

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Sean Turner* Sean Turner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-07 561 368 6147

Date

Daytime Phone #