FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

S25473 DOCUMENT #

NATIONAL BOAT OWNERS ASSOCIATION, INC.

Principal Place of Business

Country

476 Hyor Ala Change SYPE 2-B SATELLITE BEACH FL 32937

2. Principal Place of Business 21 409 PALM SPINGS BLVD.

SATELLITE BCH.,

Suite, Apt. #, etc.

22

Mailing Address

2a. Mailing Address

City & State

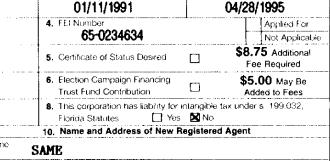
Suite, Apt. #, etc.

476 HWY. ATA Change SYPE 2-B

409 PALM SPINGS BLVD.

SATELLITE BEACH FL 32937

SATELLITE BCH.



3. Date Incorporated or Qualified

3a. Date of Last Report

24 32937	25 USÁ	29 32937	30	USA	Florida Statutes Yes	⊠ No	
g. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent				
MCCAWLEY, PAUL M 476 HYY: 241A Change			81 N	lame SAME			
					street Address (P.O. Box Number is Not Acceptable 409 PALM SPRINGS BLVD.	ile)	
STE. 2-B SATELLITE BEACH FL 32937			83				
					SATELLITE BCH.	FL 85	Zip Code 32937

Country

or registered	d agent, or both, in the State of Florida. Such change was authorize, and accept the obligations of Section 1007 0505, Florida Statutes.	d by the corporation's boar	d of directors. Thereby accept the appointment as registered agent. Lam
SIGNATURE	(China) Am Pane	M McC Au E Registere (1 Agent a greature required	les 5/31/96 Daile Daile
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P DELETE	1 1 TITLE	Change Addition
NAME	MCCAWLEY, PAUL M	1.2 NAME	
STREET ADDRESS	-476 HWY. ATA STE. 2B Change	1.3 STREET ADOPESS	
CITY-ST-ZIP	SATELLITE BEACH FL 32937	1.4 Cify - \$1 - 2(P	
TITLE	VS DELETE	2 1 TITLE	Change Addition
NAME	MCCAWLEY, MARY L	2.2 NAME	
STHEET ADDRESS	1300 EAST PLEASANT VALLEY RD., STE. 90	2.3 STREET ADDRESS	
CITY-ST-ZIP	OXNARD CA 93033	2.4 C/TY - ST - 7:P	
FITLE	DELETE	3 1 TiTLE	Change 🔲 Addition
VAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CI*Y S* ZIF	
TITLE	☐ DELETE	4 1 TITLE	☐ Change ☐ Addition
VAME		4.2 NAMÉ	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		. 4.4 CITY-ST-ZIP	
TITLE	DELETE	5 1 TITLE	Change Mddition
NAME		5.2 NAME	
STREET ADDRESS		5 3 STHEET ADDRESS	
CITY-ST-ZIP		5.4 City St-ZiP	
TITLE	☐ DELETE	6 I TITLE	Charge Addition
NAME		6.2 NAME	
STREET ADDRESS		63 STREET ADDRESS	
1			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes, I further certify that the information indicated on this annual report or suppliemental 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 607, Florida Statutes; and that my name appears in Block 12 or Bloc 3 if changed, or on an attachment with an address

SIGNATURE:

PAUL M. MCCAWlay 5/31/96 407-777-0207