

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S25473** (7)

1. Corporation Name

NATIONAL BOAT OWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

~~476 HWY. A1A~~ *Change*
~~STE. 2-B~~
SATELLITE BEACH FL 32937

~~476 HWY. A1A~~ *Change*
~~STE. 2-B~~
SATELLITE BEACH FL 32937

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

2a. Mailing Address
26 **409 PALM SPINGS BLVD.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State
23 **SATELLITE BCH., FL**

27 City & State
28 **SATELLITE BCH., FL**

24 Zip Country
32937 USA

29 Zip Country
32937 USA

3. Date Incorporated or Qualified
01/11/1991

3a. Date of Last Report
04/28/1995

4. FEI Number
65-0234634

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCCAWLEY, PAUL M
~~476 HWY. A1A~~ *Change*
~~STE. 2-B~~
SATELLITE BEACH FL 32937

81 Name
SAME

82 Street Address (P.O. Box Number is Not Acceptable)
409 PALM SPRINGS BLVD.

83

84 City
SATELLITE BCH.

85 Zip Code
FL 32937

11. Pursuant to the provisions of Sections 607.0507 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Paul M. McCawley
Signature, typed or printed name of registered agent and their applicator.

PAUL M. MCCAWLEY

(NOTE: Registered Agent signature required when new statute)

5/31/96
DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
MCCAWLEY, PAUL M
~~476 HWY. A1A STE. 2-B~~ *Change*
SATELLITE BEACH FL 32937

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VS
MCCAWLEY, MARY L
1300 EAST PLEASANT VALLEY RD., STE. 90
OXNARD CA 93033

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Paul M. McCawley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAUL M. MCCAWLEY

DATE

5/31/96 407-777-0207

Daytime Phone #

CR2E034 (12/95)