

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000002004

**Entity Name:** PUNTA GORDA BOATERS ALLIANCE, INC.

**Current Principal Place of Business:**

C/O DAVID CLEVERLY  
2470 WEST MARION AVE  
PUNTA GORDA, FL 33950

**Current Mailing Address:**

3941 TAMIAMI TRAIL UNIT 3157  
PMB #104  
PUNTA GORDA, FL 33950

**FEI Number:** 26-4483243

**Certificate of Status Desired:** No

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

BUCKLEY, JAY  
1241 ROYAL TERN DRIVE  
PUNTA GORDA, FL 33950 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DP  
Name BUCK, SARAH  
Address 422 GLENGARY CIR  
City-State-Zip: PUNTA GORDA FL 33982

Title DV  
Name GLEASON, BRIAN  
Address 2386 DEACON DR.  
City-State-Zip: PORT CHARLOTTE FL 33952

Title DS  
Name BUCKLEY, JAY  
Address 1216 SEA BREEZE COURT  
City-State-Zip: PUNTA GORDA FL 33950

Title DT  
Name CLEVERLY, DAVID L  
Address 2470 WEST MARION AVE  
City-State-Zip: PUNTA GORDA FL 33950

*I hereby 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 all other like empowered.*

**SIGNATURE:** DAVID CLEVERLY

**TREASURER**

**01/12/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date