

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 30 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 700005 (2)**  
1. Corporation Name  
**PEACE RIVER AND PALM SHORES SOCIAL CLUB, INC.**



Principal Place of Business <b>29075 RIVERVIEW LANE PUNTA GORDA FL 33982-8535</b>	Mailing Address <b>29075 RIVERVIEW LANE PUNTA GORDA FL 33982-8535</b>
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3. Date Incorporated or Qualified <b>10/04/1969</b>	
4. FEI Number <b>59-2344981</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent

**DONAHUE, WILLIAM  
195 SUMMERSET DR  
PUNTA GORDA FL 33982**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	85. Zip Code

**FL**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		
TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>COX, EUGENE</b>	
STREET ADDRESS	<b>285 EVERGREEN ST</b>	
CITY - ST - ZIP	<b>PUNTA GORDA FL</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>CONRIGHT, TERRY</b>	
STREET ADDRESS	<b>28482 COCO PALM DR</b>	
CITY - ST - ZIP	<b>PUNTA GORDA FL</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>JACKSON, SHIRLEY</b>	
STREET ADDRESS	<b>183 PASTOR CIRCLE</b>	
CITY - ST - ZIP	<b>PUNTA GORDA FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>RHODES, SUSAN</b>	
STREET ADDRESS	<b>450 RIDGECREST DR</b>	
CITY - ST - ZIP	<b>PUNTA GORDA FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SLOAN, PAT</b>	
STREET ADDRESS	<b>122 DAHOON BLVD</b>	
CITY - ST - ZIP	<b>PUNTA GORDA FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>ZAWINSKY, MIKE</b>	
STREET ADDRESS	<b>58 SUCCESS DR</b>	
CITY - ST - ZIP	<b>PUNTA GORDA FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	<b>V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>LINDA SMITH</b>	
1.3 STREET ADDRESS	<b>373 HILE LANE</b>	
1.4 CITY - ST - ZIP	<b>PUNTA GORDA FL 33982</b>	
2.1 TITLE	<b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>DIANE NAIL</b>	
2.3 STREET ADDRESS	<b>471 RIDGECREST DR</b>	
2.4 CITY - ST - ZIP	<b>PUNTA GORDA FL 33982</b>	
3.1 TITLE	<b>T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>WILLIAM DONAHUE</b>	
3.3 STREET ADDRESS	<b>195 SUMMERSET DR</b>	
3.4 CITY - ST - ZIP	<b>PUNTA GORDA FL 33982</b>	
4.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>BILL NOCCIS</b>	
4.3 STREET ADDRESS	<b>28482 SILVER PALM DR</b>	
4.4 CITY - ST - ZIP	<b>PUNTA GORDA FL 33982</b>	
5.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>BUD ALDRICH</b>	
5.3 STREET ADDRESS	<b>28411 COCO PALM DR</b>	
5.4 CITY - ST - ZIP	<b>PUNTA GORDA FL 33982</b>	
6.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>TOM PLATONIOTIS</b>	
6.3 STREET ADDRESS	<b>29184 PICADOR ST</b>	
6.4 CITY - ST - ZIP	<b>PUNTA GORDA FL 33982</b>	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Diane Nail* **DIANE NAIL SECRETARY 3/26/98**

CR2E037 (10/97)