

FILE NOW: FILING FEE IS \$61.25

FILED
May 08, 1999 8:00 am
Secretary of State

0062360

05-08-1999 90016 009 ****61.25

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 700005

1. Corporation Name

PEACE RIVER AND PALM SHORES SOCIAL CLUB, INC.

Principal Place of Business
 29075 RIVERVIEW LANE
 PUNTA GORDA FL 33982-8535

Mailing Address
 29075 RIVERVIEW LANE
 PUNTA GORDA FL 33982-8535



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		10/04/1969	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2344981	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing <input type="checkbox"/>	
24		29		\$5.00 May Be Added to Fees	
Country		Country		Trust Fund Contribution	
25		30			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
DONAHUE, WILLIAM 195 SUMMERSET DR PUNTA GORDA FL 33982				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City		85
				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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COY, EUGENE COY			1.2 NAME			
STREET ADDRESS	285 EVERGREEN ST		PLEASE CORRECT NAME	1.3 STREET ADDRESS			
CITY-ST-ZIP	PUNTA GORDA FL			1.4 CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMITH, LINDA			2.2 NAME			
STREET ADDRESS	471 RIDGECREST DR			2.3 STREET ADDRESS			
CITY-ST-ZIP	PUNTA GORDA FL 33982			2.4 CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> DELETE		3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DONAHUE, WILLIAM			3.2 NAME	JAN WEBSTER		
STREET ADDRESS	195 SUMMERSET DRIVE			3.3 STREET ADDRESS	273 RIO VISTA AVE.		
CITY-ST-ZIP	PUNTA GORDA FL 33982			3.4 CITY-ST-ZIP	PUNTA GORDA FL 33982		
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NORRIS, BILL			4.2 NAME	BUD ALDRICH		
STREET ADDRESS	28482 SILVER PALM DR			4.3 STREET ADDRESS	28411 COCO PALM DR.		
CITY-ST-ZIP	PUNTA GORDA FL 33982			4.4 CITY-ST-ZIP	PUNTA GORDA FL 33982		
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SLOAN, PAT			5.2 NAME			
STREET ADDRESS	122 DAHOON BLVD			5.3 STREET ADDRESS			
CITY-ST-ZIP	PUNTA GORDA FL			5.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ZAWINSKY, MIKE			6.2 NAME	TOM PLATONITIS		
STREET ADDRESS	56 SUCCESS DR			6.3 STREET ADDRESS	29184 PICADOR ST.		
CITY-ST-ZIP	PUNTA GORDA FL			6.4 CITY-ST-ZIP	PUNTA GORDA FL 33982		

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, with all other like empowered.

SIGNATURE: *Diane Harris* SECRETARY 4/30/99 (941) 575-7111
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)