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Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

NONPROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham FILED ANNUAL REPORT Secretary of State 13 JUN -5 PH 12: 30 DIVISION OF CORPORATIONS 1998 DOCUMENT # 702826 (9)TALLAHAESLE, FLORIDA TARPON-SPRINGS-POWER-SQUADRON,-INC. ANCLOTE KEY SAIL AND POWER SQUADRON Principal Place of Business Mailing Address BAYWOOD VILLAGE CLUB 1816 GEORGIA AVE 3. Date incorporated or Qualified 305 WESTWINDS DA PALM HARBOR FL 34683 08/25/1961 PALM HARBOR FL 34683 4. FEI Number Applied For Not Applicable 59-0152365 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 21 26 2417 Grove Ridge Dr. Fee Required Suite, Apl. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be 22 Trust Fund Contribution Added to Fees 27 City & State City & State 7. Is this nonprofit corporation a homeowners association? Yes XNo Palm Harbor 23 28 Country Zip Country 2ip 8. This corporation owes or has paid the current year Intangible 34683 30 Pinellas ☐ Yes 24 25 29 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name Mary Lou Mielke
Street Address (P.O. Box Number is Not Acceptable)
2417 Grove Ridge Dr LASHO, JANICE **B2 1816 GEORGIA AVE** 83 PALM HARBOR FL 34683 84 City 34683 Palm Harbor 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. Juster (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Addition **X** Change DELETE TITLE D 1.1 TITLE NAME LEE. RUBEN B 1.2 NAME Zawasky, John 4933 ANCHOR WAY STREET ADDRESS 1.3 STREET ADDRESS 4849 Floramar Terrace S New Port Richey, FL 34652 **NEW PT RICHEY FL** 1.4 CITY-ST-ZIP CITY-ST-ZIP K DELETE Addition TITLE 2.1 TITLE Lasho, Janice NAME Tanner, Ellen M 2.2 NAME 3215 DARLINGTON RD 1816 Georgia Ave. STREET ADDRESS 2.3 STREET ADDRESS 34683 **HO**LIDAY FL Palm Harbor. Fl CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Addition 3.1 TITLE Change TITLE LASHO, JANICE 3.2 NAME Pratt, George C. NAME **1816 GEORGIA AVE** 90 S Highland Ave., STREET ADDRESS 3.3 STREET ADDRESS #413D PALM HARBOR FL 34683 3.4. CITY-ST-ZIP CITY-ST-ZIP <u> Tarnon Springs, FL 346</u> K DELETE Addition TITLE 4.1 THLE Zilay, Robert J. JEHLY, HARRY E NAME 4, 2 NAME 6206 Staunton Dr. STREET ADDRESS 6626 TOWER DR 4.3 STREET ADDRESS **HUDSON FL** <u> Holiday, FL 34690</u> 4.4 CITY-\$T-ZIP CITY-ST-ZIP DELETE 5.1 TITLE Change \_\_\_ Addition TITLE ZILAY, ROBERT L 5.2 NAME NAME Mary Lou Mielke 6206 STAUNTON DR 5.3 STREET ADDRESS STREET ADDRESS 2417 Grove Ridge Dr. **HOLIDAY FL** CITY-ST-ZIP 5.4 CITY-\$T-ZIP Palm Harbor, FL 34683 DELETE 6.1 TITLE TITLE 000002553690-6.2 NAME NAME -06/09/98--01119--012 6.3 STREET ADDRESS STREET ADDRESS \*\*\*\*\*61.25 \*\*\*\*\*61.25 CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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 supplimental 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

4-29-98

(813) 785-7923