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Feb 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 703217 (0)

1. Corporation Name
CALOOSA CRUISE CLUB INC



Principal Place of Business C/O CHARLES N. SCHWARZ 5066 SORRENTO CT. CAPE CORAL FL 33904-9427	Mailing Address C/O CHARLES N. SCHWARZ 5066 SORRENTO CT. CAPE CORAL FL 33904-9427
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3. Date Incorporated or Qualified
11/18/1961

4. FEI Number
65-0778476

Applied For
Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing ☒ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHWARZ, CHARLES N.
5066 SORRENTO COURT
CAPE CORAL FL 33904-9427

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

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 _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D PRICE, JOSEPH DR.	1.2 NAME	Secretary
STREET ADDRESS	408 S.W. 53RD TERRACE	1.3 STREET ADDRESS	Mc Call, Velma
CITY-ST-ZIP	CAPE CORAL FL 33914	1.4 CITY-ST-ZIP	1720 Savona Prkwy.
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D BENNETT, LORRAINE	2.2 NAME	Treasurer
STREET ADDRESS	4622 S.W. 12th Place	2.3 STREET ADDRESS	Munsch, Peggy
CITY-ST-ZIP	CAPE CORAL FL 33914	2.4 CITY-ST-ZIP	501 S. W. 53rd Terrace
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MC MUNSCH, CHARLES	3.2 NAME	D Bennett, Willard
STREET ADDRESS	501 S.W. 53RD TERRACE	3.3 STREET ADDRESS	4622 S. W. 12th Place
CITY-ST-ZIP	CAPE CORAL FL 33914	3.4 CITY-ST-ZIP	Cape Coral, FL. 33914
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VC KOLLMAR, DOROTHY	4.2 NAME	D Dauphin, Helen
STREET ADDRESS	5026 S.W. 12TH PLACE	4.3 STREET ADDRESS	4219 S. E. First Ave.
CITY-ST-ZIP	CAPE CORAL FL 33914	4.4 CITY-ST-ZIP	Cape Coral, FL. 33904
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D SCHWARZ, CHARLES N.	5.2 NAME	D Dauphin, Robert Fleet Capt.
STREET ADDRESS	5066 SORRENTO CT.	5.3 STREET ADDRESS	4219 S. E. First Ave.
CITY-ST-ZIP	CAPE CORAL FL 33904	5.4 CITY-ST-ZIP	Cape Coral, FL. 33904
TITLE	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRO PRICE, LOIS	6.2 NAME	D Shaffer, Harry, Fleet Capt.
STREET ADDRESS	408 S.W. 53RD TERRACE	6.3 STREET ADDRESS	420 S. W. 53rd Terrace
CITY-ST-ZIP	CAPE CORAL FL 33914	6.4 CITY-ST-ZIP	Cape Coral, FL. 33914

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: *Charles N. Schwarz* **D Jan. 12, 1998 941 542 2848**

CR2E037 (10/97)