

FILE NOW: FILING FEE IS \$61.25

FILED

**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
---	---	---

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
---	---

3. Date Incorporated or Qualified 11/18/1961	
4. FEI Number 65-0778476	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" 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 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

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

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PRICE, JOSEPH DR.		1.2 NAME Mc Call, Velma	
STREET ADDRESS 408 S.W. 53RD TERRACE		1.3 STREET ADDRESS 1720 Savona Prkwy,	
CITY-ST-ZIP CAPE CORAL FL 33914		1.4 CITY-ST-ZIP Cape Coral, FL. 33904	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE Treasurer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BENNETT, LORRAINE		2.2 NAME Munsch, Peggy	
STREET ADDRESS 4622 S.W. 12th Place		2.3 STREET ADDRESS 501 S. W. 53rd Terrace	
CITY-ST-ZIP CAPE CORAL FL 33914		2.4 CITY-ST-ZIP Cape Coral, FL. 33914	
TITLE MC	<input type="checkbox"/> DELETE	3.1 TITLE D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MUNSCH, CHARLES		3.2 NAME 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 VC	<input type="checkbox"/> DELETE	4.1 TITLE D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KOLLMAR, DOROTHY		4.2 NAME 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 D	<input type="checkbox"/> DELETE	5.1 TITLE D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SCHWARZ, CHARLES N.		5.2 NAME 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 DRO	<input checked="" type="checkbox"/> DELETE	6.1 TITLE D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PRICE, LOIS		6.2 NAME 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)