

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**May 01 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 720885 (3)**  
 1. Corporation Name  
**THE CHAPEL-BY-THE-SEA**



Principal Place of Business <b>100 CHAPEL STREET FORT MYERS BEACH FL 33931-3202</b>	Mailing Address <b>100 CHAPEL STREET FORT MYERS BEACH FL 33931-3202</b>
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3. Date Incorporated or Qualified <b>05/05/1971</b>	
4. FEI Number <b>59-1163471</b>	Applied For <input type="checkbox"/> Not Applicable

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

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 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 checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**PEDERSEN, KJELL**  
**2555 ESTERO BLVD**  
**FT MYERS BEACH FL 33931**

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

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	PD	<input type="checkbox"/> DELETE
NAME	FITZSIMONS, E.F.	
STREET ADDRESS	290 SEMNOLE WAY	
CITY-ST-ZIP	FT. MYERS BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SPEARLY, GROVE JR.	
STREET ADDRESS	12880 KELLY BAY CT	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WELTON, ROGER S	
STREET ADDRESS	4263 BAY BEACH LANE #114	
CITY-ST-ZIP	FT. MYERS BEACH FL	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	DIXON, ADELLE	
STREET ADDRESS	4253 BAY BCH LN	
CITY-ST-ZIP	FT MYERS BCH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WILCOX, MILT	
STREET ADDRESS	16921 GINGER LANE SW	
CITY-ST-ZIP	FT. MYERS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Stuart C. Beyerl	
2.3 STREET ADDRESS	14750 Eagle Ridge Drive, #218	
2.4 CITY-ST-ZIP	Fort Myers, FL 33912	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Joyce E. Hester	
4.3 STREET ADDRESS	2 Avenida Carita	
4.4 CITY-ST-ZIP	Fort Myers Beach, FL 33931	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Stan Seeds	
5.3 STREET ADDRESS	14610 Highland Harbour	
5.4 CITY-ST-ZIP	Fort Myers, FL 33908	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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: *Joyce E. Hester* 3-31-98 941-463-3173

CR2E037 (10/97)