FILE NOW: FILING FEE IS $61.25

FILED
Mar 17 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 # **722735** **(8)**

1. Corporation Name
FLOTILLA 92 NORTH PORT, INC.

Principal Place of Business	Mailing Address
MARINA PARK, CHANCELLOR BLVD. P.O. BOX 7204 NORTH PORT FL 34287	MARINA PARK, CHANCELLOR BLVD. P.O. BOX 7204 NORTH PORT FL 34287

3. Date Incorporated or Qualified: 02/21/1972

4. FEI Number: 59-1458960 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21):
Suite, Apt. #, etc. (22):
City & State (23):
Zip (24): Country (25):

2a. Mailing Address (26):
Suite, Apt. #, etc. (27):
City & State (28):
Zip (29): Country (30):

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$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

LAVINE, JUDITH A.
6352 OTIS ROAD
NORTH PORT FL 34287

10. Name and Address of New Registered Agent

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	S	☒ DELETE	1.1 TITLE	S	☐ Change ☒ Addition
NAME	FRANK RONALD F		1.2 NAME	CERWIN TERRY	
STREET ADDRESS	6400 BEEDLA ST		1.3 STREET ADDRESS	4492 ULMAN AVE	
CITY-ST-ZIP	NORTH PORT FL		1.4 CITY-ST-ZIP	NORTH PORT FL	
TITLE	TD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	LAVINE, JUDITH		2.2 NAME		
STREET ADDRESS	6352 OTIS RD SE		2.3 STREET ADDRESS		
CITY-ST-ZIP	N. PORT FL		2.4 CITY-ST-ZIP		
TITLE	TR	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MULLEN, GEORGE D.		3.2 NAME		
STREET ADDRESS	4467 MARALDO AVENUE		3.3 STREET ADDRESS		
CITY-ST-ZIP	NORTH PORT FL		3.4 CITY-ST-ZIP		
TITLE	TR	☒ DELETE	4.1 TITLE	TR	☐ Change ☒ Addition
NAME	LAURENT, CHARLES A JR.		4.2 NAME	JANOTA KENNETH C	
STREET ADDRESS	6335 SCORPIO AVE		4.3 STREET ADDRESS	5789 FRAN COURT	
CITY-ST-ZIP	NORTH PORT FL		4.4 CITY-ST-ZIP	NORTH PORT FL	
TITLE	VD	☒ DELETE	5.1 TITLE	VD	☐ Change ☒ Addition
NAME	JANOTA, KENNETH C		5.2 NAME	CERWIN JOSEPH F	
STREET ADDRESS	5789 FRAN CT		5.3 STREET ADDRESS	4492 ULMAN AVE	
CITY-ST-ZIP	NORTH PORT FL		5.4 CITY-ST-ZIP	NORTH PORT FL	
TITLE	PD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MITCHELL CHARLES L		6.2 NAME		
STREET ADDRESS	532 LAPLAYA CIRCLE LACASA		6.3 STREET ADDRESS		
CITY-ST-ZIP	NORTH PORT FL		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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: [illegible] 03/11/98 (941)426-3110