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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **722735**

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

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	02/21/1972
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1458960 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☒ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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	CERWIN, TERRY		1.2 NAME	DOSCHER, ANNA M.	
STREET ADDRESS	4492 ULMAN AVENUE		1.3 STREET ADDRESS	6711 MARIUS ROAD	
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	PD	☐ Change ☒ Addition
NAME	JANOT, KENNETH C		4. 2 NAME	JANOTA, KENNETH C.	
STREET ADDRESS	5789 FRAN COURT		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	CERWIN, JOSEPH F.		5.2 NAME	MITCHELL, CHARLES L.	
STREET ADDRESS	4492 ULMAN AVENUE		5.3 STREET ADDRESS	532 LA PLAYA CIRCLE/LA CASA	
CITY-ST-ZIP	NORTH PORT FL		5.4 CITY-ST-ZIP	NORTH PORT, FL	
TITLE	PD	☒ DELETE	6.1 TITLE	TR	☐ Change ☒ Addition
NAME	MITCHELL CHARLES L		6.2 NAME	LAJEUNESSE, GERRY	
STREET ADDRESS	532 LAPLAYA CIRCLE LACASA		6.3 STREET ADDRESS	707 BLANCA ROAD	
CITY-ST-ZIP	NORTH PORT FL		6.4 CITY-ST-ZIP	NORTH PORT, FL	

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, with all other like empowered.

SIGNATURE: Judith A. Lavine SIGNATURE REQUIRED Judith A. Lavine, Treasurer 03/17/99 (941)426-3110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)