

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

**NONPROFIT CORPORATION ANNUAL REPORT 1998**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 742645**  
 1. Corporation Name  
**PONCE DELEON INLET POWER SQUADRON, INC.**

Principal Place of Business Mailing Address

2. Principal Place of Business 2a. Mailing Address

21 **11 LAUGHING GULL LANE** 26 **11 LAUGHING GULL LANE**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

22 City & State 27 City & State  
**EDGEWATER FL** **EDGEWATER FL**

23 Zip Country 28 Zip Country  
**32141-4212** **USA** **32141-4212** **USA**

3. Date Incorporated or Qualified  
**05/03/1978**

4. FEI Number **59-1695087** Applied For Not Applicable

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

6. Trust Fund Contribution  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

**THAMER, LOUIS LI.**  
**106 VIA CAPRI**  
**NEW SMYRNA BEACH FL 32169**

10. Name and Address of New Registered Agent

81 Name **HORNBERGER ELLIS D**

82 Street Address (P.O. Box Number is Not Acceptable)  
**11 LAUGHING GULL LANE**

83

84 City **EDGEWATER 32141** **FL** 85 Zip Code **32141**

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 **TD ELLIS D HORNBERGER** *Ellis D Hornberger* **8/3/98**  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature requires notary stamp) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	WASSERMAN RICHARD J.	
STREET ADDRESS	801 MAPLE ST	
CITY-ST-ZIP	NEW SMYRNA BCH FL 32169	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	WALTERS RUDOLPH A	
STREET ADDRESS	153 HIBISCUS RD	
CITY-ST-ZIP	EDGEWATER FL 32141	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	BARONE JAMES F	
STREET ADDRESS	803 MAPLE ST	
CITY-ST-ZIP	NEW SMYRNA BCH FL 32169	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	REICHERT PAUL E	
STREET ADDRESS	891 SNOOK AVE	
CITY-ST-ZIP	NEW SMYRNA BCH FL 32169	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	JOHNSON ROBERT E	
STREET ADDRESS	353 HEARTHSTONE TERR	
CITY-ST-ZIP	PORT ORANGE FL 32127	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	HORNBERGER ELLIS D	
STREET ADDRESS	11 LAUGHING GULL LANE	
CITY-ST-ZIP	EDGEWATER FL 32141	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	BARONE JAMES F	
13 STREET ADDRESS	803 MAPLE ST	
14 CITY-ST-ZIP	NEW SMYRNA BCH FL 32169	
21 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	HOWINGTON THOMAS G	
23 STREET ADDRESS	520 S PENINSULA AVE #1C6	
24 CITY-ST-ZIP	NEW SMYRNA BCH FL 32169	
31 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	ALOISE MICHAEL J	
33 STREET ADDRESS	2810 NEEDLE PALM DR	
34 CITY-ST-ZIP	EDGEWATER FL 32141	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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**B 9/14**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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: *James F Barone* **JAMES F BARONE** **(904) 428-9209**  
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

**FILED**  
 98 SEP 11 AM 10:12  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

CR2E037 (10/97)