

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 749974 (2)**  
1. Corporation Name  
**TRAWLER VILLAGE CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business: **9411 CYPRESS LAKE DRIVE SUITE 2 CORT MYERS FL 33919 US**  
Mailing Address: **9411 CYPRESS LAKE DRIVE STE 2 FORT MYERS FL 33919 US**

3. Date Incorporated or Qualified: **11/29/1979**  
3a. Date of Last Report: **04/19/1995**  
4. FEI Number: **59-1880460**  
Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: **21**  
2a. Mailing Address: **26**  
Suite, Apt. #, etc.: **22**  
City & State: **23**  
Zip: **24** Country: **25**  
City & State: **27**  
City & State: **28**  
Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent  
**BECKER, POLIOAKOFF & STREITFELD, PA  
13151 BELL TOWER DR  
STE 101  
FT. MYERS FL 33907**

10. Name and Address of New Registered Agent  
81 Name: **W. W. Schoo Management, Inc.**  
82 Street Address (P.O. Box Number is Not Acceptable): **9411 Cypress Lake Drive**  
83 Suite #2  
84 City: **Fort Myers** FL 85 Zip Code: **33919**

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: *William Schoo* **4-8-96**  
Signature, typed or printed name of registered agent and date (Type in block) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VPD OTTO, BILL 4575 TRAWLER CT 201 FT MYERS, FL 00000	<input type="checkbox"/> DELETE	1.1 TITLE	TD KRUEGER, A.H. 4585 TRAWLER COURT #303 FORT MYERS FL 33919	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VPD ROWLETT, THOMAS 4586 TRAWLER CT #104 FT MYERS, FL 00000	<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	PD FLUSTER, JOSEPH 4586 TRAWLER CT #304 FORT MYERS, FL 00000	<input type="checkbox"/> DELETE	2.2 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D ANDERSON, JAMES 4575 TRAWLER CT. #202 FORT MYERS FL	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	P HAMMOND, ARDEN 4570 TRAWLER CT 202 FORT MYERS, FL 00000	<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	SD BRODHECKER, ROBERT 4591 TRAWLER CT #101 FT MYERS FL	<input type="checkbox"/> DELETE	3.1 TITLE	D LOTSHAW, RALPH 4575 TRAWLER COURT #204 FORT MYERS FL 33919	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
			3.2 NAME	D NURGE, HENRY 4581 TRAWLER COURT #101 FORT MYERS FL 33919	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
			3.3 STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition
			3.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
			4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
			4.2 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
			4.3 STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition
			4.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
			5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
			5.2 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
			5.3 STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition
			5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
			6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
			6.2 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
			6.3 STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition
			6.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *A.H. Krueger* **4-5-96** **481-4700**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: Daytime Phone #

CR2E037 (12/95)