

# 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  
FORT 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**

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  
Suite, Apt. #, etc.  
22  
City & State  
23  
Zip  
24

2a. Mailing Address  
26  
Suite, Apt. #, etc.  
27  
City & State  
28  
Zip  
29

Country  
25  
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* **William Schoo** 4-8-96 DATE

12. OFFICERS AND DIRECTORS

TITLE	VPD	<input type="checkbox"/> DELETE
NAME	OTTO, BILL	
STREET ADDRESS	4575 TRAWLER CT 201	
CITY-ST-ZIP	FT MYERS, FL 00000	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	ROWLETT, THOMAS	
STREET ADDRESS	4586 TRAWLER CT #104	
CITY-ST-ZIP	FT MYERS, FL 00000	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	FLUSTER, JOSEPH	
STREET ADDRESS	4586 TRAWLER CT #304	
CITY-ST-ZIP	FORT MYERS, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ANDERSON, JAMES	
STREET ADDRESS	4575 TRAWLER CT. #202	
CITY-ST-ZIP	FORT MYERS FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	HAMMOND, ARDEN	
STREET ADDRESS	4570 TRAWLER CT 202	
CITY-ST-ZIP	FORT MYERS, FL 00000	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BRODHECKER, ROBERT	
STREET ADDRESS	4591 TRAWLER CT #101	
CITY-ST-ZIP	FT MYERS FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	KRUEGER, A.H.	
1.3 STREET ADDRESS	4585 TRAWLER COURT #303	
1.4 CITY-ST-ZIP	FORT MYERS FL 33919	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	LOTSHAW, RALPH	
4.3 STREET ADDRESS	4575 TRAWLER COURT #204	
4.4 CITY-ST-ZIP	FORT MYERS FL 33919	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	NURGE, HENRY	
5.3 STREET ADDRESS	4581 TRAWLER COURT #101	
5.4 CITY-ST-ZIP	FORT MYERS FL 33919	
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 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* **A.H. Krueger** 4-5-96 481-4700 DATE: 4-5-96 DAYTIME PHONE: 481-4700

CR2E037 (12/95)