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Apr 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33919-4989 US
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3. Date Incorporated or Qualified 11/29/1979	3a. Date of Last Report 04/12/1996
4. FEI Number 59-1880460	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	25
29	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	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	VPD	<input checked="" 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 checked="" type="checkbox"/> DELETE
NAME	ANDERSON, JAMES	
STREET ADDRESS	4575 TRAWLER CT. #202	
CITY-ST-ZIP	FORT MYERS FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	HAMMOND, ARDEN	
STREET ADDRESS	4570 TRAWLER CT 202	
CITY-ST-ZIP	FORT MYERS, FL 00000	
TITLE	RD	<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	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	RALPH LOTSHAW	
1.3 STREET ADDRESS	4575 TRAWLER CT 204	
1.4 CITY-ST-ZIP	FT MYERS FL 33919	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	HENRY NURGE	
2.3 STREET ADDRESS	4581 TRAWLER CT 101	
2.4 CITY-ST-ZIP	FT MYERS FL 33919	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	JACK STEERS	
3.3 STREET ADDRESS	4574 TRAWLER CT 404	
3.4 CITY-ST-ZIP	FT MYERS, FL 33919	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	CHARLES WRIGHT	
4.3 STREET ADDRESS	4574 TRAWLER CT 201	
4.4 CITY-ST-ZIP	FT MYERS FL 33919	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	TD	<input checked="" 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 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, on an attachment with an address.

CR2E037 (9/96)