


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

**FILED**  
**May 01 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> 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 <b>9411 CYPRESS LAKE DRIVE SUITE 2 CORT MYERS FL 33919 US</b>	Mailing Address <b>9411 CYPRESS LAKE DRIVE STE 2 FORT MYERS FL 33919 US</b>
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3. Date Incorporated or Qualified  
**11/29/1979**

4. FEI Number  
**59-1880460**

Applied For	
Not Applicable	

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

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

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be 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

**BECKER, POLIOAKOFF & STREITFELD, PA  
 13151 BELL TOWER DR  
 STE 101  
 FT. MYERS FL 33907**

10. Name and Address of New Registered Agent

<b>81</b> Name	
<b>82</b> Street Address (P.O. Box Number Is Not Acceptable)	
<b>83</b>	
<b>84</b> City	<b>FL</b> <b>85</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>LATSHAW, RALPH</b>	
STREET ADDRESS	<b>4575 TRAWLER CT 204</b>	
CITY-ST-ZIP	<b>FT MYERS, FL 00000</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> DELETE
NAME	<b>ROWLETT, THOMAS</b>	
STREET ADDRESS	<b>4586 TRAWLER CT #104</b>	
CITY-ST-ZIP	<b>FT MYERS, FL 00000</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>FLUSTER, JOSEPH</b>	
STREET ADDRESS	<b>4586 TRAWLER CT #304</b>	
CITY-ST-ZIP	<b>FORT MYERS, FL 00000</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MURGE, HENRY</b>	
STREET ADDRESS	<b>4581 TRAWLER CT 101</b>	
CITY-ST-ZIP	<b>FORT MYERS FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>STEERS, JACK</b>	
STREET ADDRESS	<b>4574 TRAWLER CT 404</b>	
CITY-ST-ZIP	<b>FORT MYERS, FL 00000</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>BRODHECKER, ROBERT</b>	
STREET ADDRESS	<b>4591 TRAWLER CT #101</b>	
CITY-ST-ZIP	<b>FT MYERS FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Charles Wright</b>	
1.3 STREET ADDRESS	<b>4574 Trawler Court, Unit 201</b>	
1.4 CITY-ST-ZIP	<b>Fort Myers, Florida 33919</b>	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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.

SIGNATURE: *Robert Brodhecker* **ROBERT BRODHECKER 4/23/98**

CP2E037 (10/97)