


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90040 049 ****61.25

0060858

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # 749974
 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
--	--



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 11/29/1979
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1880460
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
BECKER, POLIOAKOFF & STREITFELD, PA 13151 BELL TOWER DR STE 101 FT. MYERS FL 33907				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
		FL	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LATSHAW, RALPH	1.2 NAME	
STREET ADDRESS	4575 TRAWLER CT 204	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS, FL 00000	1.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROWLETT, THOMAS	2.2 NAME	
STREET ADDRESS	4586 TRAWLER CT #104	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT-MYERS, FL 00000	2.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLUSTER, JOSEPH	3.2 NAME	
STREET ADDRESS	4586 TRAWLER CT #304	3.3 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS, FL 00000	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NURGE, HENRY	4.2 NAME	Gilbert Jacobs
STREET ADDRESS	4581 TRAWLER CT 101	4.3 STREET ADDRESS	4585 Trawler Court #403
CITY-ST-ZIP	FORT MYERS FL	4.4 CITY-ST-ZIP	Fort Myers, FL 33919
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEERS, JACK	5.2 NAME	
STREET ADDRESS	4574 TRAWLER CT 404	5.3 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS, FL 00000	5.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRODHECKER, ROBERT	6.2 NAME	
STREET ADDRESS	4591 TRAWLER CT #101	6.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	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, with all other like empowered.

SIGNATURE: _____ DATE: 4/13/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/98)