

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**PROFIT CORPORATION ANNUAL REPORT 1996**



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

**DOCUMENT # L35938 (4)**

**1. Corporation Name**  
**STUMP PASS MARINA, INC.**



**Principal Place of Business**  
**3060 PLACIDA RD ENGLEWOOD FL 34224 US**

**3060 PLACIDA RD. ENGLEWOOD FL 34224 US**

**2. Principal Place of Business**  
**21** Suite, Apt. #, etc.  
**22** City & State  
**23** Zip  
**24** Country  
**25** Country

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

**3. Date Incorporation/Last Renewed** 12/08/1989  
**3a. Date of Last Report** 05/01/1995  
**4. FEI Number** 59-2989761  
**5. Cash Contribution to State**  \$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 Statute**  Yes  No  
**10. Name and Address of New Registered Agent**

**HOUSLEY III, WILLIAM C**  
**3060 PLACIDA RD.**  
**ENGLEWOOD FL 34224**

**81** Name **THOMAS DIGNAM**  
**82** Street Address (P.O. Box Number is Not Acceptable) **3060 PLACIDA RD**  
**83**  
**84** City **ENGLEWOOD** **FL** **85** Zip Code **34224**

**11. Pursuant to the provisions of Sections 632.007 and 632.1535, Florida Statutes, the above named corporation hereby certifies that the information for the purpose of changing its registered office or registered agent, or both, is true and correct. If the corporation is a foreign corporation, it hereby certifies that the appointment of a registered agent in Florida is true and correct.**

**SIGNATURE:**

4/4/96

**12. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE	DCEO	<input checked="" type="checkbox"/> DELETE
NAME	VAN DER NOORD, HARRY	
STREET ADDRESS	1005 RIVERSIDE DRIVE	
CITY-STATE-ZIP	PALMETTO FL	
TITLE	DTS	<input checked="" type="checkbox"/> DELETE
NAME	SANEFORT, THOMAS J.	
STREET ADDRESS	2 MIDAMERICA PLAZA, STE. 722	
CITY-STATE-ZIP	OAKBROOK IL	
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	HOUSLEY, WILLIAM C. III	
STREET ADDRESS	1754 BAYSHORE DR	
CITY-STATE-ZIP	ENGLEWOOD FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

**13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	P THOMPSON, MICHAEL	
STREET ADDRESS	3960 W. MARKET STREET	
CITY-STATE-ZIP	AKRON, OHIO 44333	
TITLE	V DIGNAM, THOMAS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1201 S. McCall Rd.	
STREET ADDRESS	ENGLEWOOD, FL 34223	
CITY-STATE-ZIP	S VAN DER NOORD, HARRY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1005 RIVERSIDE DRIVE	
STREET ADDRESS	PALMETTO FL	
CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

**14. I do hereby certify that the information supplied with this report and any separate documents submitted to the corporation is true and correct. I further certify that the information indicated on this report is true and correct. I am an officer or director of the corporation and I understand the legal effect of this information as it appears in Block 12 of Block 12 of this report. I understand the legal effect of this information as it appears in Block 12 of Block 12 of this report.**

**SIGNATURE:**

4/4/96 (941) 697-3600

CR2E034 (12/95)