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Mar 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N50385** (6)

1. Corporation Name

PORT OF CALL OWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**57 NEW MAN DR.
DESTIN FL 32541
US**

**57 NEW MAN DR.
DESTIN FL 32541
US**



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

3. Date Incorporated or Qualified	08/14/1992	
4. FEI Number	Applied For	Not Applicable
59-3165345		
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
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
DAILEY, ROBERT 57 NEW MAN DR. DESTIN FL 32541

10. Name and Address of New Registered Agent
81 Name DEBRA SHARP
82 Street Address (P.O. Box Number is Not Acceptable)
37 Port of Call
83 DESTIN
84 City
FL
85 Zip Code 32541

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 Debra Sharp, President **DEBRA SHARP** **2-28-98**
Signature, typed or printed name of registrant agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS	
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	NEWMAN, BOBBY R
STREET ADDRESS	703 BAYOU DRIVE
CITY-ST-ZIP	DESTIN FL
TITLE	<input type="checkbox"/> DELETE
NAME	SHARP, DEBBIE
STREET ADDRESS	37 PORT OF CALL
CITY-ST-ZIP	DESTIN FL
TITLE	<input type="checkbox"/> DELETE
NAME	MCCORMICK, JOSEPH
STREET ADDRESS	3239 HEATHROW DOWNS
CITY-ST-ZIP	BIRMINGHAM AL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	DAILEY, ROBERT
STREET ADDRESS	15 PORT OF CALL
CITY-ST-ZIP	DESTIN FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	VENATORI, LYNN
STREET ADDRESS	118 NEWMAN DRIVE
CITY-ST-ZIP	DESTIN FL
TITLE	<input type="checkbox"/> DELETE
NAME	PILCHER, CAROL
STREET ADDRESS	94 NEWMAN DR.
CITY-ST-ZIP	DESTIN FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	President PD
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: Debra Sharp, President **DEBRA SHARP** **2-28-98** **423966-4240**

CR2E037 (10/97)