

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 21 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
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

Mailing Address

3060 PLACIDA RD.  
ENGLEWOOD FL 34224-9003  
US



3. Date Incorporated or Qualified  
12/08/1989

3a. Date of Last Report  
04/12/1996

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

4. FEI Number

59-2989761

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$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 Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

DIGNAM, THOMAS  
3060 PLACIDA RD  
ENGLEWOOD FL 34224

10. Name and Address of New Registered Agent

81 Name

ALAN ZIRKELBACH

82 Street Address (P.O. Box Number is Not Acceptable)

1001 RIVERSIDE DRIVE

83

84 City

PALMETTO

FL

85 Zip Code  
34221

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 authorized with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

ALAN ZIRKELBACH

2/14/97

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          | P                    | <input checked="" type="checkbox"/> DELETE |
| NAME           | THOMPSON, MICHAEL    |  |
| STREET ADDRESS | 3960 W MARKET STREET |  |
| CITY-ST-ZIP    | AKRON OH             |  |
| TITLE          | V                    | <input checked="" type="checkbox"/> DELETE |
| NAME           | DIGNAM, THOMAS       |  |
| STREET ADDRESS | 1201 S MCCALL RD     |  |
| CITY-ST-ZIP    | ENGLEWOOD FL         |  |
| TITLE          | S                    | <input checked="" type="checkbox"/> DELETE |
| NAME           | VAN DER NOORA, HARRY |  |
| STREET ADDRESS | 1005 RIVERSIDE DRIVE |  |
| CITY-ST-ZIP    | PALMETTO FL          |  |
| TITLE          |                      | <input type="checkbox"/> DELETE            |
| NAME           |                      |  |
| STREET ADDRESS |                      |  |
| CITY-ST-ZIP    |                      |  |
| TITLE          |                      | <input type="checkbox"/> DELETE            |
| NAME           |                      |  |
| STREET ADDRESS |                      |  |
| CITY-ST-ZIP    |                      |  |
| TITLE          |                      | <input type="checkbox"/> DELETE            |
| NAME           |                      |  |
| STREET ADDRESS |                      |  |
| CITY-ST-ZIP    |                      |  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                      |  |
|--------------------|----------------------|--|
| 1.1 TITLE          | P                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           | ALAN ZIRKELBACH      |  |
| 1.3 STREET ADDRESS | 1001 RIVERSIDE DRIVE |  |
| 1.4 CITY-ST-ZIP    | PALMETTO FL 34221    |  |
| 2.1 TITLE          | V                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           | HARRY VAN DER NOORD  |  |
| 2.3 STREET ADDRESS | 1001 RIVERSIDE DRIVE |  |
| 2.4 CITY-ST-ZIP    | PALMETTO FL 34221    |  |
| 3.1 TITLE          | S                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           | PETER VAN DER NOORD  |  |
| 3.3 STREET ADDRESS | 1001 RIVERSIDE DRIVE |  |
| 3.4 CITY-ST-ZIP    | PALMETTO FL 34221    |  |
| 4.1 TITLE          | T                    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME           | THOMAS J SANTEFORT   |  |
| 4.3 STREET ADDRESS | 1001 RIVERSIDE DRIVE |  |
| 4.4 CITY-ST-ZIP    | PALMETTO FL 34221    |  |
| 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 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; the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, as changed, or as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALAN ZIRKELBACH 2/14/97 (941) 729-0000

Date

Daytime Phone #

CR2E034 (9/96)