

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **713315**

(0)

1. Corporation Name

**VERO BEACH ANGLERS CLUB INC.**

Principal Place of Business

Mailing Address

POST OFFICE BOX 365  
VERO BEACH FL 32961-0365

POST OFFICE BOX 365  
VERO BEACH FL 32961-0365



3. Date Incorporated or Qualified

**09/06/1967**

3a. Date of Last Report

**02/09/1995**

4. FEI Number

**59-1818291**

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

2. Principal Place of Business

2a. Mailing Address

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Suite, Apt. #, etc.

Suite, Apt. #, etc.

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City & State

City & State

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Zip

Country

Zip

Country

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**IACCARINO, FRANK  
351 GROVE ISLE CIR  
VERO BEACH FL 32962**

81

Name

**HAWK, EARL**

82

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

**4445 11<sup>th</sup> PLACE SW**

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City

**VERO BEACH**

**FL**

85

**32968**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PD

☒ DELETE

NAME

**IACCARINO, FRANK**

STREET ADDRESS

**351 GROVE ISLE CIR**

CITY-ST-ZIP

**VERO BCH FL**

TITLE

VD

☒ DELETE

NAME

**MAIER, ARTHUR**

STREET ADDRESS

**8716 8TH ST**

CITY-ST-ZIP

**VERO BEACH FL**

TITLE

TD

☒ DELETE

NAME

**GULOWSEN, WILFRED**

STREET ADDRESS

**2520 45 AVE**

CITY-ST-ZIP

**VERO BEACH FL**

TITLE

SD

☒ DELETE

NAME

**HAWK, EARL**

STREET ADDRESS

**835 18TH APT 40G**

CITY-ST-ZIP

**VERO BEACH FL**

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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PD

**HAWK, EARL**

**4445 11<sup>th</sup> PLACE SW**

**VERO BEACH, FL. 32968**

VD

**SMITH, CHARLES**

**820 33<sup>rd</sup> AVENUE**

**VERO BEACH, FL. 32960**

TD

**BALSAN, MICHAEL**

**5439 PEEAN DR - 501A**

**VERO BEACH, FL. 32963**

SD

**SCHAARFMA, ANDREW**

**1580 CROWBERRY LANE**

**SEBASTIAN, FL. 32958**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **MICHAEL BALSAN - TREASURER**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-5-96 (407) 231-5001**  
Date Daytime Phone #

CR2E037 (12/95)