


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 24 1998 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # **723069** (1)
1. Corporation Name
FLOTILLA 87, INC.



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| Principal Place of Business LEMON BAY PARK BAY PARK DR. ENGLEWOOD FL 34223 | Mailing Address FLOTILLA 87, INC. BOX 5239 ENGLEWOOD FL 34224-1428 US |
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|--|--|
| 3. Date Incorporated or Qualified 04/04/1972 | Applied For <input type="checkbox"/> Not Applicable |
| 4. FEI Number 59-0798538 | |

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|---|--|
| 2. Principal Place of Business [21] Suite, Apt. #, etc. [22] City & State [23] Zip [24] Country | 2a. Mailing Address [26] Suite, Apt. #, etc. [27] City & State [28] Zip [29] Country |
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|--|
| 5. Certificate of Status Desired <input checked="" 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 checked="" 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 checked="" type="checkbox"/> No |

9. Name and Address of Current Registered Agent
**CAHOUR, JOHN C.
7220 BRANDYWINE DR.
ENGLEWOOD FL 34224**

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|---|
| 10. Name and Address of New Registered Agent [81] Name Cahow, John C. [82] Street Address (P.O. Box Number is Not Acceptable) 7220 Brandywine Dr. [83] [84] City Englewood FL [85] Zip Code 34224 |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | |
|----------------------------|------------------------------------|
| TITLE | P <input type="checkbox"/> DELETE |
| NAME | DEYER, RICHARD E. |
| STREET ADDRESS | 3249 MARION ST. |
| CITY-ST-ZIP | ENGLEWOOD FL |
| TITLE | V <input type="checkbox"/> DELETE |
| NAME | SANDIFORD, JOHN W |
| STREET ADDRESS | 754 MOBILE GARDENS |
| CITY-ST-ZIP | ENGLEWOOD FL 34224 |
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | JAMISON, FLOYD L |
| STREET ADDRESS | 8320 CREEK VIEW LANE |
| CITY-ST-ZIP | ENGLEWOOD FL 34224 |
| TITLE | T <input type="checkbox"/> DELETE |
| NAME | CAHOUR, JOHN C. |
| STREET ADDRESS | 7220 BRANDYWINE DR. |
| CITY-ST-ZIP | ENGLEWOOD FL |
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | FOSTER, STANLEY J |
| STREET ADDRESS | 7472 ESCONDIDO ST |
| CITY-ST-ZIP | ENGLEWOOD FL 34224 |
| TITLE | SD <input type="checkbox"/> DELETE |
| NAME | HAYHURST, LEHA R. |
| STREET ADDRESS | 099 OXFORD DRIVE S. |
| CITY-ST-ZIP | ENGLEWOOD FL |

| 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 | Sandiford, John W. |
| 1.3 STREET ADDRESS | 754 Mobile Gardens |
| 1.4 CITY-ST-ZIP | Englewood, FL 34224 |
| 2.1 TITLE | V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | Schattauer, Neal P. |
| 2.3 STREET ADDRESS | 2064 Mississippi Ave. |
| 2.4 CITY-ST-ZIP | Englewood, FL 34224 |
| 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 | TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | Cahow, John C. |
| 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: John C. Cahow (John C. Cahow Treasurer) 3/16/98 941-473-0349

CR2E037 (10/97)