

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 725289 (3)

1. Corporation Name

SOUTHWEST FLORIDA MARINE TRADE ASSOCIATION, INC.



Principal Place of Business

Mailing Address

P.O. BOX 458
CAPE CORAL FL 33910

P.O. BOX 458
CAPE CORAL FL 33910

3. Date Incorporated or Qualified

01/16/1973

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BARBARA E. MEYER
5301 MAJESTIC COURT
CAPE CORAL FL 33904**

81 Name

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

83

84 City

FL

85 Zip Code

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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☒ DELETE

NAME **STEAD, KEN**
STREET ADDRESS **1687 INLET DRIVE**
CITY-ST-ZIP **N FORT MYERS FL**

TITLE **V** ☒ DELETE

NAME **ILER, MIKE**
STREET ADDRESS **16115 SAN CARLOS BLVD.**
CITY-ST-ZIP **FT MYERS FL**

TITLE **ST** ☐ DELETE

NAME **MEYER, BARBARA E.**
STREET ADDRESS **5301 MAJESTIC COURT**
CITY-ST-ZIP **CAPE CORAL FL**

TITLE **D** ☐ DELETE

NAME **GIBBS, GIL**
STREET ADDRESS **928 NE 24TH LANE**
CITY-ST-ZIP **CAPE CORAL FL**

TITLE **D** ☒ DELETE

NAME **COOLEY, ROB**
STREET ADDRESS **14070 MCGREGOR BLVD.**
CITY-ST-ZIP **FT. MYERS FL**

TITLE **D** ☒ DELETE

NAME **TRONNES, JIM**
STREET ADDRESS **6360 WHISKEY CREED DR SW**
CITY-ST-ZIP **FT MYERS FL**

1.1 TITLE **P** ☒ Change ☐ Addition

1.2 NAME **COOLEY, ROB**
1.3 STREET ADDRESS **4765 Estero Blvd**
1.4 CITY-ST-ZIP **Ft. Myers Beach, FL 33931**

2.1 TITLE **V** ☒ Change ☐ Addition

2.2 NAME **PARISEAU, JESSE**
2.3 STREET ADDRESS **9853 N. Tamiami Trl #207**
2.4 CITY-ST-ZIP **Naples, FL 33940**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE **D** ☒ Change ☐ Addition

5.2 NAME **MILLER, W. D.**
5.3 STREET ADDRESS **1506 SE 46th Street**
5.4 CITY-ST-ZIP **Cape Coral, FL 33904**

6.1 TITLE **D** ☒ Change ☐ Addition

6.2 NAME **TRONNES, JIM**
6.3 STREET ADDRESS **113 HANCOCK BRIDGE PKWY W**
6.4 CITY-ST-ZIP **CAPE CORAL, FL 33991**

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: *Barbara E. Meyer* (BARBARA E. MEYER) 3/11/96 941-540-0526
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)