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Apr 28 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 # **734558** (0)

1. Corporation Name
OLD SALT FISHING CLUB, INC.

Principal Place of Business 4980 52ND ST. NORTH ST PETERSBURG FL 33709 US	Mailing Address 4980 52ND ST NORTH ST. PETERSBURG FL 33709 US
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3. Date Incorporated or Qualified

12/10/1975

4. FEI Number

NOT APPLICABLE

Applied For

☒ Not Applicable

2. Principal Place of Business 21 PO BOX 8564 Suite, Apt. #, etc. 22 City & State 23 MADEIRA BEACH FL Zip 24 33738	2a. Mailing Address 25 PO BOX 8564 Suite, Apt. #, etc. 26 City & State 27 MADEIRA BEACH FL Zip 28 33738	Country 29 US	Country 30 US
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5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**FOX, GEORGE E.
4980 52ND STREET NORTH
ST. PETERSBURG FL 33709**

10. Name and Address of New Registered Agent

81 Name DAVID N. DALE	82 Street Address (P.O. Box Number is Not Acceptable) 4135 FOURTH AVE NORTH
83	
84 City ST. PETERSBURG FL	85 Zip Code 33713

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 **DAVID N. DALE, TREASURER** **4/7/98**

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

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	D	<input type="checkbox"/> DELETE
NAME	AUTENREITH, AL	
STREET ADDRESS	4725 COVE CIR APT 811	
CITY - ST - ZIP	ST. PETERSBURG FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HANSCHMIDT, LARRY	
STREET ADDRESS	8701 BRYAN DAIRY RD, #413	
CITY - ST - ZIP	LARGO FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	FOX, GEORGE E.	
STREET ADDRESS	4980 52ND ST NORTH	
CITY - ST - ZIP	ST PETERSBURG FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	DIMTER, ART	
STREET ADDRESS	8825 ORIOLE LANE	
CITY - ST - ZIP	LARGO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TERNES, MARK	
STREET ADDRESS	7084 65TH ST NORTH	
CITY - ST - ZIP	PINELLAS PARK FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	DELUCA, LORIE	
STREET ADDRESS	10182 128TH TERR NORTH	
CITY - ST - ZIP	LARGO FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SAME AS 12.	
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	= SAME AS 12.	
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DAVID N DALE	
3.3 STREET ADDRESS	4135 FOURTH AVE N	
3.4 CITY - ST - ZIP	ST. PETERSBURG FL 33713	
4.1 TITLE	PAST-PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SAME AS 12.	
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE	BOARD MEMBER AT LARGE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	ROBERT-L-HARTKOPF	
5.3 STREET ADDRESS	727181 TERN,	
5.4 CITY - ST - ZIP	PINELLS PARK FL 33781	
6.1 TITLE	U.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	ROBERT F TRAPP	
6.3 STREET ADDRESS	2000 COUNTRY CLUB RD N	
6.4 CITY - ST - ZIP	ST. PETERSBURG FL 33710	

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: **DAVID N. DALE, TREASURER** **813-523-3988**

CR2E037 (10/97)