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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 <input checked="" type="checkbox"/> Not Applicable

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

5. Certificate of Status Desired <input 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 FOX, GEORGE E. 4980 52ND STREET NORTH ST. PETERSBURG FL 33709	
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10. Name and Address of New Registered Agent	
81 Name DAVID N. DALE	85 Zip Code 33713
82 Street Address (P.O. Box Number is Not Acceptable) 4135 FOURTH AVE NORTH	
84 City ST. PETERSBURG FL	

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 DATE 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE AUTENREITH, AL 4725 COVE CIR APT 811 ST. PETERSBURG FL	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	SAME AS 12.
TITLE S	<input type="checkbox"/> DELETE HANSCHMIDT, LARRY 8701 BRYAN DAIRY RD, #413 LARGO FL	1.2 NAME	
TITLE S	<input type="checkbox"/> DELETE HANSCHMIDT, LARRY 8701 BRYAN DAIRY RD, #413 LARGO FL	1.3 STREET ADDRESS	
TITLE T	<input type="checkbox"/> DELETE FOX, GEORGE E. 4980 52ND ST NORTH ST PETERSBURG FL	1.4 CITY-ST-ZIP	
TITLE P	<input type="checkbox"/> DELETE DIMTER, ART 8825 ORIOLE LANE LARGO FL	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	PRESIDENT = SAME AS 12.
TITLE D	<input type="checkbox"/> DELETE TERNES, MARK 7084 85TH ST NORTH PINELLAS PARK FL	2.2 NAME	
TITLE VP	<input type="checkbox"/> DELETE DELUCA, LORIE 10182 128TH TERR NORTH LARGO FL	2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
		3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TREASURER DAVID N DALE 4135 FOURTH AVE N ST. PETERSBURG FL 33713
		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
		4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	PAST-PRESIDENT SAME AS 12.
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
		5.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	BOARD MEMBER AT LARGE ROBERT-L-HARTKOPF 727181 TERN, PINELLS PARK FL 33781
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
		6.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	U.P. ROBERT F TRAPP 2000 COUNTRY CLUB RD N ST. PETERSBURG FL 33710
		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: DAVID N. DALE **813-523-3988**

CR2E037 (10/97)