

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90045 015 ****70.00

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DOCUMENT # 737159

1. Corporation Name

SEAFARER OWNERS ASSOCIATION, INC.

Principal Place of Business

**16401 PERDIDO KEY DRIVE
PENSACOLA FL 32507**

Mailing Address

**16401 PERDIDO KEY DRIVE
PENSACOLA FL 32507**



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

10/27/1976

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-1755115

Applied For

Not Applicable

22

27

City & State

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23

28

Zip

Country

Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BATSON, P.G.
16401 PERDIDO KEY
PENSACOLA FL 32507**

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 signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

P

☐ DELETE

NAME

BURR, GRIFFITH

STREET ADDRESS

16401 PERDIDO KEY

CITY-ST-ZIP

PENSACOLA FL 32507

TITLE

VPD

☒ DELETE

NAME

MERIWETHER, WILLIAM

STREET ADDRESS

16401 PERDIDO KEY

CITY-ST-ZIP

PENSACOLA FL 32507

TITLE

T

☐ DELETE

NAME

DENNIS, ROBERT

STREET ADDRESS

16401 PERDIDO KEY

CITY-ST-ZIP

PENSACOLA FL 32507

TITLE

SD

☐ DELETE

NAME

BATSON, P.G.

STREET ADDRESS

16401 PERDIDO KEY

CITY-ST-ZIP

PENSACOLA FL 32507

TITLE

S

☒ DELETE

NAME

JONES, MARGORIE

STREET ADDRESS

16401 PERDIDO KEY

CITY-ST-ZIP

PENSACOLA FL 32507

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

VPD

Lanaux, Michael

16401 Perdido Key

☒ Change

☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

S

Meriwether, William

16401 Perdido Key

☒ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)