

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90273 031 \*\*\*\*61.25

**DOCUMENT # 738674**

1. Entity Name

**SOUTH WEST ANGLERS CLUB, INC.**



Principal Place of Business

**3611 SE 17TH AVE  
CAPE CORAL FL 33904  
US**

Mailing Address

**P.O. BOX 100096  
CAPE CORAL FL 33910  
US**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-1739352**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**JACK, TAYLOR  
4510 NORTH KEY DR.  
N FORT MYERS FL 33903**

7. Name and Address of New Registered Agent

Name **Owen E. Walter**  
Street Address (P.O. Box Number is Not Acceptable)  
**426 N.E. 14th Ave.**  
City **Cape Coral** FL Zip Code **33909**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Owen E. Walter** **Owen E. Walter** **4-18-2004**

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete  
NAME **TAYLOR, JACK**  
STREET ADDRESS **4510 NORTH KEY DR**  
CITY-ST-ZIP **N FT MYERS FL 33903**

TITLE **TD** ☐ Delete  
NAME **WAITE, HOWARD J**  
STREET ADDRESS **1106 SE 20TH CT**  
CITY-ST-ZIP **CAPE CORAL FL 33990**

TITLE **VP** ☐ Delete  
NAME **BONNELL, DICK**  
STREET ADDRESS **1922 EVEREST PKY.**  
CITY-ST-ZIP **CAPE CORAL FL 33904**

TITLE **D** ☐ Delete  
NAME **SCHLEIG, JOHN**  
STREET ADDRESS **1918 S.E. EVEREST PKY.**  
CITY-ST-ZIP **CAPE CORAL FL 33904**

TITLE **S** ☐ Delete  
NAME **OWEN, WALTER**  
STREET ADDRESS **426 NE 14TH AVE.**  
CITY-ST-ZIP **CAPE CORAL FL 33909**

TITLE **D** ☐ Delete  
NAME **LESLIE, FLOYD**  
STREET ADDRESS **211 LINHART AVE.**  
CITY-ST-ZIP **FORT MYERS FL 33901**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Change ☐ Addition  
NAME **WALTER, OWEN**  
STREET ADDRESS **426 N.E. 14th AVE**  
CITY-ST-ZIP **CAPE CORAL, 33909 41**

TITLE **TD** ☐ Change ☐ Addition  
NAME **WAITE, HOWARD J**  
STREET ADDRESS **1106 S.E. 20th Ct.**  
CITY-ST-ZIP **CAPE CORAL, 41, 33990**

TITLE **VP** ☒ Change ☐ Addition  
NAME **DZWIL, RAYMOND**  
STREET ADDRESS **422 Cape Coral Pkwy**  
CITY-ST-ZIP **Cape Coral, 41, 33914**

TITLE **D** ☒ Change ☐ Addition  
NAME **Passalacqua, Joseph**  
STREET ADDRESS **4345 SW 5th PL.**  
CITY-ST-ZIP **CAPE CORAL, FL 33914**

TITLE **S** ☒ Change ☐ Addition  
NAME **Conaton, John**  
STREET ADDRESS **131 S.W. 42nd Terr.**  
CITY-ST-ZIP **Cape Coral, 41, 33914**

TITLE **D** ☐ Change ☐ Addition  
NAME **FLOYD, LESLIE**  
STREET ADDRESS **2111 Linhart Ave**  
CITY-ST-ZIP **FT Myers, FL, 33901**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Owen E. Walter** **Owen E. Walter** **4-18-2004** **239-574-5472**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #