

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR 14 AM 9:15

DOCUMENT # 739338 (2)

1. Corporation Name

PILOT CLUB OF MARCO ISLAND, INC.

Principal Place of Business

Mailing Address

**BOX 16
MARCO ISLAND FL 33969**

**BOX 16
MARCO ISLAND FL 33969**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/13/1977

3a. Date of Last Report

01/31/1994

4. FEI Number

23-7427438

Applied For

Not Applicable

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

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. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WARSAW, JANINE
1643 BARBADOS CT.
MARCO ISLAND FL 33937**

81 Name

Ann M. Derwin

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

71 Hickory Ct.

83

84 City

Marco Island

FL

85 Zip Code
33937

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Ann M. Derwin

Ann M. Derwin

3/20/95

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	VISSER, MARJA
STREET ADDRESS	164 LANDMARK ST
CITY - ST - ZIP	MARCO ISLAND FL
TITLE	VD
NAME	WILLIAMS, SALLIE
STREET ADDRESS	867 CHESTNUT
CITY - ST - ZIP	MARCO ISLAND FL
TITLE	SD
NAME	DERWIN, ANN
STREET ADDRESS	830 WILLOW CT.
CITY - ST - ZIP	MARCO FL
TITLE	T
NAME	WARSAW, JANINE
STREET ADDRESS	1643 BARBADOS CT.
CITY - ST - ZIP	MARCO ISLAND, FL 0
TITLE	D
NAME	SINCLAIR, DORIS
STREET ADDRESS	110 CLYBURN ST
CITY - ST - ZIP	MARCO ISLAND, FL 0
TITLE	P
NAME	PATAS, DENISE
STREET ADDRESS	522 BRADFORD CT.
CITY - ST - ZIP	MARCO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	☒ Change ☐ Addition
1.2 NAME	Visser, Marja	
1.3 STREET ADDRESS	164 Landmark St.	
1.4 CITY - ST - ZIP	Marco Is., FL	
2.1 TITLE	VP	☒ Change ☐ Addition
2.2 NAME	Williams, Sallie	
2.3 STREET ADDRESS	867 Chestnut	
2.4 CITY - ST - ZIP	Marco Is., FL	
3.1 TITLE	TD	☒ Change ☐ Addition
3.2 NAME	Derwin, Ann	
3.3 STREET ADDRESS	71 Hickory Ct.	
3.4 CITY - ST - ZIP	Marco Is., FL	
4.1 TITLE	PE	☐ Change ☒ Addition
4.2 NAME	McCormack, Kerin	
4.3 STREET ADDRESS	1220 Osprey Ct.	
4.4 CITY - ST - ZIP	Marco Is., FL	
5.1 TITLE	P	☒ Change ☐ Addition
5.2 NAME	Sinclair, Doris	
5.3 STREET ADDRESS	110 Clyburn St.	
5.4 CITY - ST - ZIP	Marco Is., FL	
6.1 TITLE	D	☐ Change ☒ Addition
6.2 NAME	Frizzell, Patricia	
6.3 STREET ADDRESS	1741 Dogwood Dr.	
6.4 CITY - ST - ZIP	Marco Is., FL	

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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Ann M. Derwin

Ann M. Derwin 3/20/95 813-394-0444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #