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Jun 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **739370** **(5)**

1. Corporation Name
SAN CARLOS BAY POWER SQUADRON, INC.

Principal Place of Business	Mailing Address
P.O. BOX 5026 FORT MYERS BEACH FL 33932	P.O. BOX 5026 FORT MYERS BEACH FL 33932

3. Date Incorporated or Qualified: 06/16/1977

4. FEI Number: 23-7027967 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 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. 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

HOSFIELD, LAURA H
17560 TAYLOR DR
FT MYERS FL 33908

10. Name and Address of New Registered Agent

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 HAROLD L. HUBER Harold L Huber 6-3-98
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	PD	☐ DELETE	1.1 TITLE	PD	☑ Change ☐ Addition
NAME	HOSFIELD, LAURA H		1.2 NAME	WILLIAM D, WALTERS	
STREET ADDRESS	17560 TAYLOR DR		1.3 STREET ADDRESS	5260 S. LANDINGS DR. #604	
CITY-ST-ZIP	FT MYERS FL		1.4 CITY-ST-ZIP	FT MYERS FL 33919	
TITLE	TD	☐ DELETE	2.1 TITLE	TD	☐ Change ☐ Addition
NAME	HUBER, HAROLD L		2.2 NAME		
STREET ADDRESS	4263 BAY BEACH LN		2.3 STREET ADDRESS	SAME	
CITY-ST-ZIP	FT MYERS BCH FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE	D	☐ Change ☐ Addition
NAME	ESTES, HELEN C		3.2 NAME		
STREET ADDRESS	3804 CARDINAL CIR		3.3 STREET ADDRESS	SAME	
CITY-ST-ZIP	BONITA SPRINGS FL		3.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	4.1 TITLE	VD	☒ Change ☒ Addition
NAME	WALTERS, WILLIAM D		4.2 NAME	ROBERT W. COWAN	
STREET ADDRESS	5260 S LANDINGS DR #604		4.3 STREET ADDRESS	1477 SADDLEWOOD DR. #7E	
CITY-ST-ZIP	FT MYERS FL		4.4 CITY-ST-ZIP	FT MYERS FL 33919-6739	
TITLE	D	☐ DELETE	5.1 TITLE	D	☐ Change ☐ Addition
NAME	MULHOLLAND, JOHN J		5.2 NAME		
STREET ADDRESS	321 SEMONOLE WAY		5.3 STREET ADDRESS	SAME	
CITY-ST-ZIP	FT MYERS BCH FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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: Harold L Huber 6-3-98 941-463-5829
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone Number