

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **744228**

(8)

1. Corporation Name

CLEARWATER BUCS BUNCH, INC.

Principal Place of Business

P. O. BOX 4633
CLEARWATER FL 34618
US

Mailing Address

P O BOX 4633
CLEARWATER FL 34618

FILED

98 JUN -5 PM 4:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	25
29	30

3. Date Incorporated or Qualified

09/11/1978

4. FEI Number

59-1847244

Applied For

Not Applicable

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

10. Name and Address of New Registered Agent

MARZI, SUSAN
5912 111TH PLACE NORTH
PINELLAS PARK FL 34666

81 Name	DARRELL W HOGAN
82 Street Address (P.O. Box Number is Not Acceptable)	1372 SLEEPY Hollow CT
83	
84 City	DUNEDIN
85 State	FL
86 Zip Code	34698

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

DARRELL W HOGAN

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-26-98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PRESIDENT
NAME	WRIGHT, NANCY	1.2 NAME	SUSAN MARZI
STREET ADDRESS	122 HIGHLAND ROAD	1.3 STREET ADDRESS	5912-111th PL. N.
CITY-ST-ZIP	TARPON SPRINGS FL	1.4 CITY-ST-ZIP	PINELLAS PARK FL 34666
TITLE	VD	2.1 TITLE	VICE PRESIDENT
NAME	BERKLER, GAIL	2.2 NAME	TED WINSLOW
STREET ADDRESS	813 SEVARD AVE	2.3 STREET ADDRESS	15666 49th ST. N. #1102
CITY-ST-ZIP	CLEARWATER FL	2.4 CITY-ST-ZIP	CLEARWATER FL
TITLE	SD	3.1 TITLE	SECRETARY
NAME	WINSLOW, TED	3.2 NAME	CAROLYN PALMER
STREET ADDRESS	15666 49TH STREET NORTH #1102	3.3 STREET ADDRESS	147 16th AVE SW
CITY-ST-ZIP	CLEARWATER FL	3.4 CITY-ST-ZIP	LARGO FL 33770
TITLE	TD	4.1 TITLE	TREASURER
NAME	MARZI, SUSAN	4.2 NAME	DARRELL W. HOGAN
STREET ADDRESS	5912-111TH PLACE NORTH	4.3 STREET ADDRESS	1372 SLEEPY Hollow CT
CITY-ST-ZIP	PINELLAS PARK FL	4.4 CITY-ST-ZIP	DUNEDIN FL 34698
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

DARRELL W HOGAN

4-26-98 813 734-8503

CR25037 (10/97)