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

APPROVED AND FILED
95 MAY -1 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **747941** **(3)**

1. Corporation Name
CLAM COURT MARINA APARTMENT ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1165 CLAM COURT #3 NAPLES FL 33962	%ACCOUNTING & TAX ASSOCIATES OF NAPLES 3003 TAMIAMI TRAIL NORTH, SUITE 120 NAPLES FL 33940

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/03/1979
3a. Date of Last Report: 05/31/1994
4. FEI Number: 59-1982190 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26 802 Anchor Rode Drive
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 Naples, FL
Zip 24 / Country 25	Zip 29 33940-2739 / Country 30 Collier

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
MELDON, THOMAS E. C.A.M. C/O ACCOUNTING & TAX ASSOCIATES OF NAPLES 3003 TAMIAMI TRAIL, NORTH, SUITE 120 NAPLES FL 33940	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 802 Anchor Rode Drive 83 84 City Naples FL 85 Zip Code 33940-2739

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	TRAWEEK, JACK	1.2 NAME	
STREET ADDRESS	425 HUEHL ROAD, BLDG. 22B	1.3 STREET ADDRESS	
CITY-ST-ZIP	NORTHBROOK IL 60062	1.4 CITY-ST-ZIP	
TITLE	VPD	2.1 TITLE	☐ Change ☐ Addition
NAME	BIRKMEIER, PAUL	2.2 NAME	
STREET ADDRESS	304 EAST 3RD STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	DELPHOS OH 43833	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	☐ Change ☐ Addition
NAME	PRATT, WILLIAM R.	3.2 NAME	
STREET ADDRESS	242 HIGHWAY 14	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEWPORT AR 72112	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	☐ Change ☐ Addition
NAME	BURSAW, PATRICIA N.	4.2 NAME	
STREET ADDRESS	135 BOW STREET, APT. #9	4.3 STREET ADDRESS	
CITY-ST-ZIP	PORTSMOUTH NH 03801	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	SALINARD, ROBERT	5.2 NAME	
STREET ADDRESS	1165 CLAM COURT, APT. #9	5.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 33962	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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)(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: _____ William R. Pratt 4/28/95 (813) 262-1874
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0618388