

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**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**

**802 ANCHOR RODE DRIVE  
NAPLES FL 33940-2739  
US**

3. Date Incorporated or Qualified

**07/03/1979**

3a. Date of Last Report

**05/01/1995**

4. FEI Number

**59-1982190**

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MELDON, THOMAS E. C.A.M.  
802 ANCHOR RODE DRIVE  
NAPLES FL 33940**

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

**FL**

B5 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD  
TRAWEK, JACK**  
STREET ADDRESS **425 HUEHL ROAD, BLDG. 22B**  
CITY - ST - ZIP **NORTHBROOK IL 60062**

TITLE ☐ DELETE

NAME **VPD  
BIRKMEIER, PAUL**  
STREET ADDRESS **304 EAST 3RD STREET**  
CITY - ST - ZIP **DELPHOS OH 43833**

TITLE ☐ DELETE

NAME **TD  
PRATT, WILLIAM R.**  
STREET ADDRESS **242 HIGHWAY 14**  
CITY - ST - ZIP **NEWPORT AR 72112**

TITLE ☒ DELETE

NAME **SD  
BURSAW, PATRICIA N.**  
STREET ADDRESS **135 BOW STREET, APT. #9**  
CITY - ST - ZIP **PORTSMOUTH NH 03801**

TITLE ☒ DELETE

NAME **D  
SALINARD, ROBERT**  
STREET ADDRESS **1165 CLAM COURT, APT. #9**  
CITY - ST - ZIP **NAPLES FL 33962**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D/VP** ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE **D/P** ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE **D/S** ☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE **D** ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE **WILSON, SAMUEL** ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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

SIGNATURE:

*Julie Myhra*

**Julie Myhra, Secretary 4/24/96 (941) 775-8543**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)