

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 23 1997 8:00am  
Secretary of State

|   |   |   |
|---|---|---|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

**DOCUMENT # 747941 (3)**  
1. Corporation Name  
**CLAM COURT MARINA APARTMENT ASSOCIATION, INC.**



|  |   |
|--|---|
| Principal Place of Business<br><b>1165 CLAM COURT #3<br/>NAPLES FL 33962</b> | Mailing Address<br><b>802 ANCHOR RODE DRIVE<br/>NAPLES FL 34103-2739<br/>US</b> |
|--|---|

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>07/03/1979</b> | 3a. Date of Last Report<br><b>05/01/1996</b> |
|--|--|

|  |  |
|--|--|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 <b>34102</b> | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip<br>29 Country |
|--|--|

|   |                                       |
|---|---------------------------------------|
| 4. FEI Number<br><b>59-1982190</b>  | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/>   | <b>\$8.75</b> Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>   | <b>\$5.00</b> May Be Added to Fees    |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                       |

9. Name and Address of Current Registered Agent  
**MELDON, THOMAS E. C.A.M.  
802 ANCHOR RODE DRIVE  
NAPLES FL 33940**

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 **34103-2739**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|--|---|---|
| TITLE                      | <b>DVP</b> <input type="checkbox"/> DELETE           | 1.1 TITLE   | <b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | <b>TRAWEEK, JACK</b>                                 | 1.2 NAME  | <b>BURSAW, PATRICIA</b>   |
| STREET ADDRESS             | <b>425 HUEHL ROAD, BLDG. 22B</b>                     | 1.3 STREET ADDRESS                                    | <b>135 BOW STREET, #9</b>   |
| CITY-ST-ZIP                | <b>NORTHBROOK IL</b>                                 | 1.4 CITY-ST-ZIP                                       | <b>PORTSMOUTH, NH 03801</b>   |
| TITLE                      | <b>DP</b> <input checked="" type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                     |
| NAME                       | <b>BIRKMEIER, PAUL</b>                               | 2.2 NAME  |   |
| STREET ADDRESS             | <b>304 EAST 3RD STREET</b>                           | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>DELPHOS OH</b>                                    | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>TD</b> <input type="checkbox"/> DELETE            | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                     |
| NAME                       | <b>PRATT, WILLIAM R.</b>                             | 3.2 NAME  |   |
| STREET ADDRESS             | <b>242 HIGHWAY 14</b>                                | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>NEWPORT AR 72112</b>                              | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>D</b> <input checked="" type="checkbox"/> DELETE  | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                     |
| NAME                       | <b>WILSON, SAMUEL</b>                                | 4.2 NAME  |   |
| STREET ADDRESS             | <b>602 EAST 120</b>                                  | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>KANSAS CITY MO</b>                                | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>DS</b> <input type="checkbox"/> DELETE            | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                     |
| NAME                       | <b>MYHRA, JULIE</b>                                  | 5.2 NAME  |   |
| STREET ADDRESS             | <b>1165 CLAM COURT, #3</b>                           | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>NAPLES FL</b>                                     | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE                      | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> 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 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.

CR2E037 (9/96)