


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 23 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997				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 1165 CLAM COURT #3 NAPLES FL 33962		Mailing Address 802 ANCHOR RODE DRIVE NAPLES FL 34103-2739 US			
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 34102		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 34102		3. Date Incorporated or Qualified 07/03/1979 3a. Date of Last Report 05/01/1996 4. FEI Number 59-1982190 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 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 85 Zip Code FL 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					
TITLE	DVP	<input type="checkbox"/> DELETE			
NAME	TRAWECK, JACK				
STREET ADDRESS	425 HUEHL ROAD, BLDG. 22B				
CITY-ST-ZIP	NORTHBROOK IL				
TITLE	DP	<input checked="" type="checkbox"/> DELETE			
NAME	BIRKMEIER, PAUL				
STREET ADDRESS	304 EAST 3RD STREET				
CITY-ST-ZIP	DELPHOS OH				
TITLE	TD	<input type="checkbox"/> DELETE			
NAME	PRATT, WILLIAM R.				
STREET ADDRESS	242 HIGHWAY 14				
CITY-ST-ZIP	NEWPORT AR 72112				
TITLE	D	<input checked="" type="checkbox"/> DELETE			
NAME	WILSON, SAMUEL				
STREET ADDRESS	602 EAST 120				
CITY-ST-ZIP	KANSAS CITY MO				
TITLE	DS	<input type="checkbox"/> DELETE			
NAME	MYHRA, JULIE				
STREET ADDRESS	1165 CLAM COURT, #3				
CITY-ST-ZIP	NAPLES FL				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
1.2 NAME	BURSAW, PATRICIA				
1.3 STREET ADDRESS	135 BOW STREET, #9				
1.4 CITY-ST-ZIP	PORTSMOUTH, NH 03801				
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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.

(941) 262-1874

CR2E037 (9/96)