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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 747941

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 33940-2739
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

07/03/1979

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

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

David J. Hudson

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

C/O Accounting & Tax Associates of Naples

83 802 Anchor Rode Drive

84 City

Naples

FL

85 Zip Code
34103

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

David J. Hudson

4/27/99

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 TPAWEEK, JACK
STREET ADDRESS 425 HUEHL ROAD, BLDG. 22B
CITY-ST-ZIP NORTHBROOK IL

TITLE ☐ DELETE

NAME DVP
STREET ADDRESS BURSAR, PATRICIA
135 BOW STREET, #9
CITY-ST-ZIP PORTSMOUTH NH

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME DS
STREET ADDRESS MYHRA, JULIE
1165 CLAM COURT, #3
CITY-ST-ZIP NAPLES FL

TITLE ☐ DELETE

NAME D
STREET ADDRESS FITZGIBBON, JOHN
7709 W PARKSIDE DR
CITY-ST-ZIP BOARDMAN OH 44512

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

4/28/99

941-775-5439

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)