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Feb 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

DOCUMENT # **764794** **(4)**

1. Corporation Name

THE CMTAN CLUB OF ST. PETERSBURG, INC.

Principal Place of Business	Mailing Address
P.O. BOX 10094 ST. PETERSBURG FL 33733-0094	P.O. BOX 10094 ST. PETERSBURG FL 33733-0094

3. Date Incorporated or Qualified: 09/01/1982

4. FEI Number: 59-6134180 ☐ 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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

FRAZIER, LEE
126 CORDOVA BLVD. N.E.
ST. PETERSBURG FL 33704

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

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: LEE FRAZIER TREASURER (Signature, typed or printed name of registered agent and title if applicable) Lee Frazier (NOTE: Registered Agent signature required when reinstating) DATE: 2-10-98

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VP	☐ DELETE	1.1 TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	COUTURE, TOM		1.2 NAME		
STREET ADDRESS	7000 BLIND PASS RD.		1.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	RESOP, PAUL		2.2 NAME		
STREET ADDRESS	9425 BLIND PASS RD 608		2.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG BCH FL		2.4 CITY-ST-ZIP		
TITLE	S	☒ DELETE	3.1 TITLE	SECRETARY	☐ Change ☒ Addition
NAME	KEATING, RICHARD		3.2 NAME	TOM DEMINT	
STREET ADDRESS	2830 ALTON DRIVE		3.3 STREET ADDRESS	676 NORTHWEST BLVD N	
CITY-ST-ZIP	ST PETE BEACH FL 33706		3.4 CITY-ST-ZIP	ST PETERSBURG FL 33702	
TITLE	T	☐ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	FRAZIER, LEE		4.2 NAME		
STREET ADDRESS	126 CORDOVA BLVD., N.E.		4.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL		4.4 CITY-ST-ZIP	ST PETERSBURG FL 33704-3012	
TITLE	D	☒ DELETE	5.1 TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	BRODERICK, TOM		5.2 NAME	JAMES A HELINGER	
STREET ADDRESS	3925 QUEEN ST N.		5.3 STREET ADDRESS	8001 BOCA CIEGA DR	
CITY-ST-ZIP	ST PETERSBURG FL		5.4 CITY-ST-ZIP	ST PETERSBURG BEACH FL 33706	
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	VELBOOM, GLENN		6.2 NAME		
STREET ADDRESS	3391 MAPLE ST., N.E.		6.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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.

SIGNATURE: Lee Frazier TREASURER 2-10-98 8138940517