

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90063 014 ****61.25

DOCUMENT # 766369

1. Corporation Name

FLOTILLA #8-6, VENICE, INC.

Principal Place of Business

1200 S HARBOR DR (34285)
P O BOX 1941
VENICE FL 34285

Mailing Address

1200 S HARBOR DR (34285)
P O BOX 1941
VENICE FL 34285



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

12/30/1982

4. FEI Number

59-2513054

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

SUN BANK
200 SOUTH NOKOMIS AVENUE
VENICE FL 34285

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE D
NAME HYNES, HERBERT
STREET ADDRESS 436 ANDROS AVE
CITY-ST-ZIP VENICE FL 34292

TITLE D
NAME SUSEK, JOHN
STREET ADDRESS 1228 VERMEER DR
CITY-ST-ZIP NOKOMIS FL 34275

TITLE D
NAME HARRIS, ROBERT
STREET ADDRESS 1256 N INDIES CIR
CITY-ST-ZIP VENICE FL 34292

TITLE SD
NAME MACKENZIE, TYRONE
STREET ADDRESS 613 PORTSIDE DR
CITY-ST-ZIP VENICE FL 34287

TITLE T
NAME GOKBUDAK, UYGUR
STREET ADDRESS 435 GOLDEN BEACH
CITY-ST-ZIP VENICE FL

TITLE D
NAME MCGRAW, NORMAN
STREET ADDRESS 921 ORINDO AVE
CITY-ST-ZIP VENICE FL 34292

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE D
3.2 NAME HOGARTH, RONALD
3.3 STREET ADDRESS 404 CERROMAR CR. # 218
3.4 CITY-ST-ZIP VENICE, FL 34293

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE D
6.2 NAME MEYER, JOHN
6.3 STREET ADDRESS 1404 EAST GATE DR.
6.4 CITY-ST-ZIP VENICE, FL 34292

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:

UYGUR GOKBUDAK

4/20/99 (941) 488-1900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)