

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
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90095 013 ****61.25

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DOCUMENT # N12381

1. Corporation Name

PILOT CLUB OF FORT MYERS BEACH, INC.

96205 - 90095 - 13

Principal Place of Business

15361 THORNTON RD.
FT. MYERS FL 33908
US

Mailing Address

BOX 2834
FT. MYERS BEACH FL 33932
US



2. Principal Place of Business

21 **400 Randy Lane**

Suite, Apt. #, etc.

22

City & State

23 **FT. Myers Beach, FL**

Zip

24 **33931**

Country

25 **Lee**

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

3. Date Incorporated or Qualified

12/04/1985

4. FEI Number

59-2852448

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

WILLIAMS, PHYLLIS
15361 THORNTON RD.
FT. MYERS FL 33908

10. Name and Address of New Registered Agent

81 Name

Edwina Raffa

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

400 Randy Lane

83

FT. Myers Beach

84 City

FL

85 Zip Code

33931

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

Edwina H. Raffa

Edwina H. Raffa

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME **P**
SIMPSON, BETTY
STREET ADDRESS **164 CURLEW ST.**
CITY-ST-ZIP **FT MYERS BEACH FL 33931**

TITLE ☐ DELETE

NAME **VP**
PLAATJE, ALICE
STREET ADDRESS **521 RANDY LANE**
CITY-ST-ZIP **FT MYERS BEACH FL 33931**

TITLE ☒ DELETE

NAME **S**
RIEVES, PHYLLIS
STREET ADDRESS **18468 CUTLASS**
CITY-ST-ZIP **FT MYERS BEACH FL 33931**

TITLE ☒ DELETE

NAME **T**
WILLIAMS, PHYLLIS
STREET ADDRESS **15361 THORNTON RD.**
CITY-ST-ZIP **FT MYERS BEACH FL 33908**

TITLE ☐ DELETE

NAME **D**
HILL, BARBARA
STREET ADDRESS **250 RANDY LANE**
CITY-ST-ZIP **FT MYERS BEACH, FL 33931**

TITLE ☒ DELETE

NAME **D**
HAUSER, PAT
STREET ADDRESS **17791 BROADWAY**
CITY-ST-ZIP **FT MYERS BEACH FL 33908**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

NAME **President**
Plaetje, Alice
1.2 NAME
1.3 STREET ADDRESS **521 Randy Lane**
1.4 CITY-ST-ZIP **FT Myers Beach, FL 33931**

2.1 TITLE ☐ Change ☒ Addition

NAME **VP**
Nancy Henneberger
2.2 NAME
2.3 STREET ADDRESS **313 Bayland Rd**
2.4 CITY-ST-ZIP **FT Myers Beach, FL 33931**

3.1 TITLE ☐ Change ☒ Addition

NAME **Sec'y**
Lisa Grinter
3.2 NAME
3.3 STREET ADDRESS **111 Falkirk St**
3.4 CITY-ST-ZIP **FT. Myers Beach, FL 33931**

4.1 TITLE ☐ Change ☒ Addition

NAME **Treas.**
Edwina Raffa
4.2 NAME
4.3 STREET ADDRESS **400 Randy Lane**
4.4 CITY-ST-ZIP **FT. Myers Beach, FL 33931**

5.1 TITLE ☐ Change ☒ Addition

NAME **Director**
Jo Cereceda
5.2 NAME
5.3 STREET ADDRESS **292 Sterling**
5.4 CITY-ST-ZIP **FT. Myers Beach, FL 33931**

6.1 TITLE ☐ Change ☒ Addition

NAME **Director**
Jean Mathew
6.2 NAME
6.3 STREET ADDRESS **4451 Estero Blvd**
6.4 CITY-ST-ZIP **FT. Myers Beach, FL 33931**

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:

Edwina H. Raffa
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-99 (941) 463-5067
Date Daytime Phone #

CR2E037 (11/98)