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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N16222 1. Corporation Name

ST. PETERSBURG UNDERWATER CLUB, INC.

| Principal Place of Business |
|--|
| 2728 20TH\AVE. N. ST. PETERSBURG FL 33713 |
| ST. PETERSBURG FL 33713 |

Mailing Address P.O. BOX 10250 ST. PETERSBURG FL 33733 08

04-23-1999 90001 048 ****70.00

| 2. Principal P | face of Business | Za. Mailing Address | | 3. Date incorporated of Qualified | | [|
|----------------|--|--|---|---|-----------------|---|
| 21 2429 | GLENANN DR | 26 2429 GLENAY | אט מע | 08/06/1986 | | |
| Suite, Apt. | | Suite, Apt. #, etc. | | 4. FEI Number | Apr | olied For |
| 22 | | 27 | | NOT APPLICABLE | Not | Applicable |
| City & Stat | te | City & State | | 5. Certificate of Status Desired | \$8.75 A | dditional |
| 23 CLEAN | RWATER FL | 28 CLEARWATER | z FL | 3. Certificate of Status Desired | Fee Red | quired |
| Zip | Country | Zip | Country | 6. Election Campaign Financing | \$5.00 | May Be |
| 24 337 | 64 25 | 29 33764 30 | | Trust Fund Contribution | Added to | > Fees |
| | 9. Name and Address of Current | Registered Agent | | 10. Name and Address of New Registere | d Agent | |
| | | | 81 Name | - 4 - 4 - 1 | | Į |
| | LANGE AL ID | | 10 0 | ANIEL B. CURRAN | | |
| | , JAMES M JR | | 82 Street Address (P.O. Box Number is Not Acceptable) 2429 GLENANN OR | | | |
| 315-6TH A | | • | 83 27 | LY CILENANN UN | | |
| indian rg | ØÇKS FL 33785 | | | ARWATER FL | | |
| | " | | 84 City | <u> </u> | 85 Zip C | ode |
| i | | | | | L 337 | 764 |
| 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 r | registered agent, or both, in the State of im familiar with, and accept the obligatio | r Horida. Such change was autrons of, Section 617.0503. Florid | ionzed by the corpt a Statutes. | pration's board of directors. I hereby accept the app | ombilent as leg | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| - 5 | 10:11 | | | and 4-1 | 7-99 | |
| SIGNATURE | Signature, typed or printed name of registered agent a | and title if applicable. (NOTE: Re | egistered Agent signature in | equired when reinstating) DATE | | |
| 12. | OFFICERS AND | | 13. | ADDITIONS/CHANGES TO OFFICERS A | AND DIRECTO | RS IN 12 |
| TITLE | TD- | ☐ DELETE | 1.1 TITLE | D | Change | Addition |
| NAME | ZUMWALT, JAMES M. JR. | | 1.2 NAME | | | 1. |
| STREET ADDRESS | la a a company di man | | 1.3 STREET ADDRESS | | | Addition |
| | | | 1.4 CITY+ST-ZIP | | | |
| CITY-ST-ZIP | INDIAN ROCKS BCH. FL | ☐ DELETE | 2.1 TITLE | ۵ | Change | Addition |
| TITLE | PD- | _ Deceie | | | Jac - | |
| NAME | BUTTS, WAYNE | - | 2.2 NAME | | | |
| STREET ADDRESS | 1.000 001. 0 | • | 2.3 STREET ADDRESS | | | _ |
| CITY-ST-ZIP | CLEARWATER FL-34616- | | 2.4 CITY-ST-ZIP | 337.56 | - F-701 | |
| TITLE | SD | ☐ DELETE | 3.1 TITLE | TD | Change | ☐ Addition |
| NAME | CURRIN; DAN | | 3.2 NAME | CURRAN DAN | | |
| STREET ADDRESS | 850 WILLAGE LAKES TERR. | | 3.3 STREET ADDRESS | 2429 GLENANN OR | | |
| CITY-ST-ZIP | ST. PETERSBURG FL 33716~ | | 3.4. CITY-ST-ZIP | CLEARWATER FL 337 | 64 | |
| TITLE | -D- | DELETE | 4.1 TITLE | 20 | Change | Addition |
| NAME - | YAGMIN, MICHAEL - | , - | 4.2 NAME | GORMLEY, CRAIG | | |
| STREET ADDRESS | 8232 ONYX DRIVE NORTH | | 4.3 STREET ADDRESS | 228 59+h AVES | | } |
| | , | | | ST. PETE FL 33705 | | 1 |
| CITY-ST-ZIP | ST. PETERSBURG FL | ☐ DELETE | 4.4 CITY-ST-ZIP 5.1 TITLE | DA | Change | Addition |
| TITLE | 1 | | 5.7 NAME | AT OF GERRY | | |
| NAME | | | O.Z. IVUNE | RICE, GERRY 4336 46th AVE S | | ļ |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | 4336 4677 77 | | |
| CITY-ST-ZIP | | · | 5,4 CITY-ST-ZIP | ST PETE FL 33711 | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | V0 | Change | Addition |
| NAME | | | 6.2 NAME | RENNER PAUL | | } |
| STREET ADDRESS | · | | 6.3 STREET ADDRESS | 8070 50K 5122 39+1 | 1 27 7 | 1 |
| | | | | | | |

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: