## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N164

(8)

PARATROOP CLUB OF SOUTHWEST FLORIDA, INCORPORATE D

## FILED Jan 20 1998 8:00am Secretary of State

| Address developed agent, or to this special property first class dame of Gurrent Prop |   |                                       |                             |               |   |          |  |         |              |  |
|--|---|---------------------------------------|-----------------------------|---------------|---|----------|--|---------|--------------|--|
| 24 COUNTY 25 COUNTY 26 COUNTY 27 COUNTY 28 State 27 COUNTY 28 State 29 COUNTY 29 COUNTY 29 COUNTY 20 S. Name and Address of Current Registered Agent 21 Street Address of Front Character Registered Agent 22 Street Address of Current Registered Agent 23 Street Address of Current Registered Agent 26 CHARLOTTE FL 33952  CHARLES W HOUSEHOLDER 28 Street Address of Front Street Character Street Charac | Principal Place of Business Mailing Address   |                                       |                             |               |   |          |  |         |              |  |
| US   | 22424 CATHERINE AVENUE NE   |                                       | - CATHERINE AVENUE NE 22424 |               |   | 24       | 08/19/1986   |         |              |  |
| Sulie, Apt. 4, etc.    Sulie, Apt. 4, etc.   Sulie, Apt. 4, etc.   Sulie, Apt. 4, etc.   Selection Carregion   Selection Street   Selection Carregion   Selection Carregion   Selection Street   Selection Carregion   Selection Carregion   Selection Street   S |   |                                       | US                          |               |   |          | 4 7 7 7  | +       |              |  |
| Title Pund Coverbuilton  | 21  |                                       | 26                          |               |   |          | 5. Certificate of Status Desired                           | T       |              |  |
| City & State    City & State   City & City & State   City & State   City & State   City & State   City & City & State   City & State   City & State   City & State   City & Cit |   | #, etc.                               | <b>├</b> ─ <b>,</b>         |               |   |          |  |         |              |  |
| Zip   Country   String corporation overs or has paid the current year intangible   Personal Property Tax due June 30.   Yee   No.  |   | e                                     |                             |               |   |          | 7. Is this nonprofit corporation a homeowners association? |         |              |  |
| Section   Sect   | 23  | Country                               |                             |               |   |          | ·  |         |              |  |
| SIGNATURE  PD TO FELERS AND DIRECTORS  CHY-ST-2P  PD UNTA GORDA FL  LOWINY, ROBERT  STRET ADDRESS  CITY-ST-2P  PUNTA GORDA FL  LOWINY, ROBERT  STRET ADDRESS  CITY-ST-2P  PORT CHARLOTTE FL  SSD  SSD  SSD  SSTRET ADDRESS  CITY-ST-2P  PORT CHARLOTTE FL  SSD  SSD  SSD  SSTRET ADDRESS  CITY-ST-2P  PORT CHARLOTTE FL  SSD  SSD  SSD  SSTRET ADDRESS  CITY-ST-2P  PORT CHARLOTTE FL  SSDS  SSTRET ADDRESS  CITY-ST-2P  PORT CHARLOTTE FL  SSDS  SSD  SSTRET ADDRESS  SSTRET ADDRESS  CITY-ST-2P  PORT CHARLOTTE FL  SSD  SSTRET ADDRESS  CITY-ST-2P  CHARGE  SSTRET ADDRESS  SSTRET ADDRESS  CITY-ST-2P  CHARLOTTE FL  SSD  Addition  CHARLOTTE FL  SSD  CHARLOTTE FL  SSD  CHARLOTTE FL  SSD  CHARLOTTE FL  SSD  Addition  CHARLOTTE FL  SSD  Addition  CHARLOTTE FL  SSD  CHARLOTTE FL | <b>└</b> ── '   | <b>├</b> ── ' <b>├</b> ── '           |                             |               | of the corporation twee of has paid the scanetic year interigible |          |  |         |              |  |
| CHARLES W HOUSEHOLDER SER CATHERINE AVENUE NE PORT CHARLOTTE FL 33952  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 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 and remailer with, and accept the obligations of, Sections 617.0503. Profice Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  17. TITLE  PD   |   |                                       |                             |               |   |          |  |         |              |  |
| SIGNATURE    State   Committee   Committee |   |                                       |                             |               | 81  | Name     |  |         |              |  |
| PORT CHARLOTTE FL 33952    83  | CHARLES W HOUSEHOLDER   |                                       |                             |               | 82 Street Address (P.O. Box Number is Not Acceptable)             |          |  |         |              |  |
| 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 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, or maintained with, and accept the obligations of, Section 617.0502, Proficed Statutes.  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  DIVITIE  DO OFFICERS AND DIRECTORS  12. DELETE  1.1 TITLE  DO SECTION OFFICERS AND DIRECTORS  1.1 TITLE  DO SECTION OFFICERS AND DIRECTORS  1.1 TITLE  DO SECTION OFFICERS AND DIRECTORS  1.2 NAME  SIRRET ADDRESS  CITY-ST-ZIP  PUNTA GORDA FL  1.4 GOTY-ST-ZIP  TITLE  DO SECTION OFFICERS AND DIRECTORS  1.2 TITLE  DO Change  Addition  Addition  Addition  Addition  Addition  Addition  Addition  Addition  Addition  DELETE  3.1 TITLE  DO Change  Addition  Change  Addition  Change  Addition  Addition  Change  Addition  Addition  Change  Addition  Addition  Change  Addition  Change  Addition  Addition  Addition  Change  Addition  Addition  Change  Addition  Additi |   |                                       | 424                         | 1             | 02  |          |  |         |              |  |
| 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, and accept the obligations of, Section 617,0503, Florida Statutes.  SIGNATURE    Ten  | PORIU   | HARLOTTE FL 33952                     |                             |               |   |          |  |         |              |  |
| SIGNATURE   Signature, typed or position agent and tills if applications,   NOTE Registered Agent signature required whim relination(s)   DATE   |   |                                       |                             |               | 84  | City     | _ FL   | 85 Zip  | Code         |  |
| SIGNATURE   Signature, typed or position agent and tills if applications,   NOTE Registered Agent signature required whim relination(s)   DATE   | 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 bereby accept the appointment as registered |                                       |                             |               |   |          |  |         |              |  |
| Signature Peptide of periodic analysis of agent and tills if agentications, (including a periodication of periodication) (including a period   |   |                                       |                             |               |   |          |  |         |              |  |
| TITLE  | SIGNATURE Signature, typed or printed name of registered agent and tillo if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE  |                                       |                             |               |   |          |  |         |              |  |
| NAME   BROTHERS, FRANCIS E.   12 NAME   STREET ADDRESS   27125 BEECHCRAFT AVE.   1.3 STREET ADDRESS   1.4 CITY-ST-ZIP  | 12.   |                                       |                             |               |   |          |  |         |              |  |
| STREET ADDRESS   27125 BEECHCRAFT AVE.   1.3 STREET ADDRESS   1.4 GTY- ST- ZIP   |   |                                       | LI DELETE                   | 1             |   |          | İ  | Change  | Addition     |  |
| CITY-ST-ZIP  PUNTA GORDA FL  1.4 CITY-ST-ZIP  TITLE  PD  LOWRY, ROBERT  11214 ROYAL ROAD  23 STREET ADDRESS  TITLE  TITLE  TD  LOUNTA GORDA FL  24 CITY-ST-ZIP  TITLE  TD  LOUNTA GORDA FL  24 STREET ADDRESS  TITLE  TD  LOUNTA GORDA FL  24 STREET ADDRESS  TITLE  TD  LOUNTA GORDA FL  24 STREET ADDRESS  TITLE  TO  LOUNTA GORDA FL  24 STREET ADDRESS  TITLE  TO  LOUNTA GORDA FL  24 STREET ADDRESS  TITLE  TO  LOUNTA GORDA FL  TO  LOUNTA GORDA FL  TO  LOUNTA GORDA FL  TO  LOUNTA GORDA FL  LOUNTA GORDA  |   | •                                     |                             |               |   |          |  |         |              |  |
| TITLE PD   |   |                                       |                             |               |   |          |  |         | Ţ            |  |
| NAME   LOWRY, ROBERT   22 NAME   STREET ADDRESS   11214 ROYAL ROAD   23 STREET ADDRESS   2.4 CITY-ST-ZIP   TITLE   TD  |   |                                       |                             |               |   | ZIP      |  | Change  | 1 Addition   |  |
| STREET ADDRESS   |   | • •                                   | T DETEIE                    |               |   | }        | · ·  | Change  |              |  |
| City-St-ZiP  |   |                                       |                             | •             |   |          |  |         | (            |  |
| TITLE TD DELETE 3.1 TITLE Addition NAME HOUSEHOLDER, CHAS. STREET ADDRESS 22424 CATHERINE AVE. STREET ADDRESS 22424 CATHERINE AVE. PORT CHARLOTTE FL 3.4 CITY-ST-ZIP  TITLE SD Change Addition NAME GOLEMBIESKI, STAN 4.2 NAME STREET ADDRESS 18151 ZANZIBAR AVE. 4.3 STREET ADDRESS CITY-ST-ZIP PORT CHARLOTTE FL 33952 4.4 CITY-ST-ZIP  TITLE S. DELETE S.1 TITLE Change Addition NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP DELETE S.1 TITLE NAME STREET ADDRESS 5.4 CITY-ST-ZIP  TITLE CHANGE STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP DELETE S.1 TITLE NAME STREET ADDRESS 5.4 CITY-ST-ZIP  NAME STREET ADDRESS 5.3 STREET  |   |                                       |                             |               |   |          |  |         | 1            |  |
| NAME   |   |                                       | T DELETE                    |               |   | -ZIP     |  | Change  | Addition     |  |
| STREET ADDRESS   22424 CATHERINE AVE.   3.3 STREET ADDRESS   DORT CHARLOTTE FL   3.4. CITY-ST-ZIP  |   | •                                     |                             |               |   | ,        | •  | Onlings | L.3 Addition |  |
| DELETE   SD  | _   | · · · · · · · · · · · · · · · · · · · |                             |               |   | monroe   |  |         | Ì            |  |
| DELETE   | 1   |                                       |                             |               |   |          |  |         | ſ            |  |
| NAME   GOLEMBIESKI, STAN   4.2 NAME   STREET ADDRESS   18151 ZANZIBAR AVE.   4.3 STREET ADDRESS   18151 ZANZIBAR AVE.   4.4 CITY-ST-ZIP  |   |                                       | The letter                  |               |   | -ZIP     | <del></del>  | Change  | Addition     |  |
| STREET ADDRESS   18151 ZANZIBAR AVE.   4.3 STREET ADDRESS  | 1   | <del></del>                           |                             | 1             |   | ĺ        |  |         |              |  |
| CITY-ST-ZIP  |   |                                       |                             |               |   | DDRESS   |  |         | }            |  |
| TITLE         DELETE         5.1 TITLE         Change         Addition           NAME         5.2 NAME         STREET ADDRESS         CITY-ST-ZIP         Change         Addition           STREET ADDRESS         CITY-ST-ZIP         Change         Addition           NAME         6.2 NAME         CSTREET ADDRESS         CSTREET ADDRESS           CITY-ST-ZIP         6.4 CITY-ST-ZIP         CSTREET ADDRESS         CSTREET ADDRESS   |   |                                       |                             | 1             |   |          |  |         |              |  |
| STREET ADDRESS   |   |                                       | DELETE                      |               |   | <u> </u> |  | Change  | Addition     |  |
| CITY-ST-ZIP  | NAME  |                                       |                             | 5.2 NAME      |   |          |  |         | }            |  |
| CITY-ST-ZIP  |   |                                       |                             | 5.3 STREET A  |   | DORESS   |  |         | Ì            |  |
| TITLE         DELETE         6.1 TITLE         Change         Addition           NAME         6.2 NAME           STREET ADDRESS         6.3 STREET ADDRESS           CITY-ST-ZIP         6.4 CITY-ST-ZIP   |   |                                       |                             | 5.4 CITY - ST |   | ZIP      |  |         | }            |  |
| STREET ADDRESS  6.3 STREET ADDRESS  CITY-ST-ZIP  6.4 CITY-ST-ZIP   |   |                                       |                             | _             |   |          |  | Change  | Addition     |  |
| CITY-ST-ZIP 6.4 CITY-ST-ZIP  | NAME  |                                       |                             | 6.2 NAM       | E   | }        |  |         |              |  |
|  | STREET ADDRESS  |                                       |                             | 6.3 STRE      | ET AD   | DORESS ( |  |         |              |  |
| 14. Learning and the information cumplied with this filling does not qualify for the exemption stated in Section 119 07(2)(i). Floridg Statutes I further certify that the information   | CITY-ST-ZIP   |                                       |                             |               |   |          |  |         |              |  |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplied multiple 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

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

- 14-97 991 629609

Date Dayline Phone # OpenZee