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May 12 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **N18201** **(6)**

1. Corporation Name

SEMINOLE RIDGE BOAT RAMP ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P.O.BOX 2926 MELROSE FL 32666	P.O.BOX 2926 MELROSE FL 32666

3. Date Incorporated or Qualified: 12/11/1986
3a. Date of Last Report: 07/10/1996

2. Principal Place of Business
21 Suite, Apt. #, etc. 22
City & State 23
Zip 24 Country 25

2a. Mailing Address
26 635 S E 4th Avenue
Suite, Apt. #, etc. 27
City & State 28 Melrose, FL 32666
Zip 29 Country 30

4. FEI Number: 59-2762205 ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MCDAVID, RICHARD
8666 OAKVIEW ROAD
MELROSE FL 32666

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	WORLEY, PHILIP R		1.2 NAME	
STREET ADDRESS	635 SE 4TH AVENUE		1.3 STREET ADDRESS	
CITY-ST-ZIP	MELROSE FL 32666		1.4 CITY-ST-ZIP	
TITLE	VPD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MCDAVID, RICHARD		2.2 NAME	
STREET ADDRESS	8666 OAKVIEW ROAD		2.3 STREET ADDRESS	
CITY-ST-ZIP	MELROSE FL 32666		2.4 CITY-ST-ZIP	
TITLE	PDD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	SMITH, RICHARD		3.2 NAME	
STREET ADDRESS	648 SE 4TH AVENUE		3.3 STREET ADDRESS	
CITY-ST-ZIP	MELROSE FL 32666		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	PASSWATER, JOHN S		4.2 NAME	
STREET ADDRESS	2896 SE 3RD AVENUE		4.3 STREET ADDRESS	
CITY-ST-ZIP	MELROSE FL 32666		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	CHESTNUT, WILLIAM		5.2 NAME	
STREET ADDRESS	359 SE 4TH AVENUE		5.3 STREET ADDRESS	
CITY-ST-ZIP	MELROSE FL 32666		5.4 CITY-ST-ZIP	
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	

CR2E037 (9/96)

14. I do 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: Philip R. Worley 4/26/97 (352) 475-1763
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0077706