

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995	 FLORIDA DEPARTMENT OF STATE Sandra H. Montner Secretary of State DIVISION OF CORPORATIONS
---	--

DOCUMENT # N26854 (2)
 1. Corporation Name
HURRICANE PASS ANGLER'S CLUB, INC.

Principal Place of Business	Mailing Address
1319 OVERCASH DR DUNEDIN FL 34698	1319 OVERCASH DR DUNEDIN FL 34698

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
29	30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/08/1988** 3a. Date of Last Report **04/29/1994**

4. FEI Number **NOT APPLICABLE** 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**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

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

9. Name and Address of Current Registered Agent

**GUNDEL, ROBERT P.
2215 GRANGER DR.
CLEARWATER FL 34625**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (Signature of Registered Agent (corporation) when applicable) _____ (Signature of Agent (corporation) when not applicable) _____ (Signature of Agent (individual))

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	RICH ELLIS
STREET ADDRESS	359 MIRAVISTA DR
CITY, ST, ZIP	DUNEDIN FL 34681
TITLE	DV
NAME	AKINS, WENDELL
STREET ADDRESS	P.O. BOX 522 N/A
CITY, ST, ZIP	CRYSTAL BEACH FL 34681
TITLE	DS
NAME	DONALD LONG
STREET ADDRESS	1206 PALMS ST
CITY, ST, ZIP	CLEARWATER FL 34615
TITLE	DT
NAME	GUNDEL, ROBERT P.
STREET ADDRESS	1319 OVERCASH DR
CITY, ST, ZIP	DUNEDIN FL 34698
TITLE	D
NAME	GARITE, SAM
STREET ADDRESS	90 LORRAINE ST.
CITY, ST, ZIP	CRYSTAL BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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: *Robert Gundel*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Robert Gundel

4-27-95 813 736-6581
 (Date) (Signature Number)