

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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

3. Date Incorporated or Qualified
06/08/1988

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 **1312 SLEEPY HOLLOW CT**

26 **1312 SLEEPY HOLLOW CT.**

4. FEI Number
NOT APPLICABLE

Applied For
 Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23 City & State
DUNEDIN FL

28 City & State
DUNEDIN FL.

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24 Zip
34698

25 Country
FLORIDA

29 Zip
34698

30 Country
FLORIDA

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name **DAVID R. HORRELL**
82 Street Address (P.O. Box Number is Not Acceptable)
1312 SLEEPY HOLLOW CT.
83
84 City **DUNEDIN** FL 85 Zip Code **34698**

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

David R. Horrell

(Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

3000017469/17/96
03/18/96-01051 EXT 026

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	RICH ELLIS	
STREET ADDRESS	359 MIRAVISTA DR	
CITY-ST-ZIP	DUNEDIN FL 34681	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	AKINS, WENDELL	
STREET ADDRESS	P.O. BOX 522 N/A	
CITY-ST-ZIP	CRYSTAL BEACH FL 34681	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	DONALD LONG	
STREET ADDRESS	1208 PALMS ST	
CITY-ST-ZIP	CLEARWATER FL 34615	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	GUNDEL, ROBERT P.	
STREET ADDRESS	1319 OVERCASH DR	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GARITE, SAM	
STREET ADDRESS	90 LORRAINE ST.	
CITY-ST-ZIP	CRYSTAL BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	WENDELL AKINS
1.3 STREET ADDRESS	P.O. BOX 522
1.4 CITY-ST-ZIP	CRYSTAL BEACH, FL 34681
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DR. V GENE VAVERCHAK
2.3 STREET ADDRESS	7317 JENNER AVE
2.4 CITY-ST-ZIP	NEW PORT RICHEY, FL 34655
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	DAVID HORRELL
3.3 STREET ADDRESS	1312 SLEEPY HOLLOW CT.
3.4 CITY-ST-ZIP	DUNEDIN FL 34698
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	RICH ELLIS
4.3 STREET ADDRESS	359 MIRAVISTA DR.
4.4 CITY-ST-ZIP	DUNEDIN FL 34698
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	WENDELL AKINS
5.3 STREET ADDRESS	311 INDIANA AVE.
5.4 CITY-ST-ZIP	CRYSTAL BEACH FL 34681
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	MARTY LODOVICO
6.3 STREET ADDRESS	2472 INDIAN TRAIL W.
6.4 CITY-ST-ZIP	PALM HARBOR FL 34683

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 119.07(3)(k), 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:

David R. Horrell

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

1/17/96 813-734-8199

Date

Daytime Phone #

CR2E037 (12/95)

5-18-1996