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Jan 22 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 # N26854 (2)

1. Corporation Name  
HURRICANE PASS ANGLER'S CLUB, INC.



Principal Place of Business Mailing Address  
1312 SLEEPY HOLLOW CT. 1312 SLEEPY HOLLOW CT.  
DUNEDIN FL 34698 DUNEDIN FL 34698-3846

3. Date Incorporated or Qualified 06/08/1988  
3a. Date of Last Report 03/18/1996

2. Principal Place of Business 2a. Mailing Address 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 28 City & State 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees  
24 Zip Country 29 Zip Country 30 Country 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

HORRELL, DAVID R  
1312 SLEEPY HOLLOW CT.  
DUNEDIN FL 34698

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

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
TITLE D RICH ELLIS DELETE  
NAME RICH ELLIS  
STREET ADDRESS 359 MIRAVISTA DR  
CITY-ST-ZIP DUNEDIN FL 34698  
TITLE DP AKINS, WENDELL  
NAME AKINS, WENDELL  
STREET ADDRESS 311 INDIANA AVE.  
CITY-ST-ZIP CRYSTAL BEACH FL 34681  
TITLE DS DONALD LONG DELETE  
NAME DONALD LONG  
STREET ADDRESS 1206 PALMS ST  
CITY-ST-ZIP CLEARWATER FL 34615  
TITLE DT HORRELL, DAVID  
NAME HORRELL, DAVID  
STREET ADDRESS 1312 SLEEPY HOLLOW CT.  
CITY-ST-ZIP DUNEDIN FL 34698  
TITLE DV VAVERCHAK, GENE  
NAME VAVERCHAK, GENE  
STREET ADDRESS 7317 JENNER AVE.  
CITY-ST-ZIP NEW PORT RICHEY FL 34655  
TITLE D LODOVICO, MARTY  
NAME LODOVICO, MARTY  
STREET ADDRESS 2472 INDIAN TRIAL W.  
CITY-ST-ZIP PALM HARBOR FL 34683  
1.1 TITLE D ED CASACCI  
1.2 NAME ED CASACCI  
1.3 STREET ADDRESS 2118 SALISBURY CT  
1.4 CITY-ST-ZIP PALM HARBOR FL 34683  
2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE DS JACK KOSKELA  
3.2 NAME JACK KOSKELA  
3.3 STREET ADDRESS 2364 HANOVER DR  
3.4 CITY-ST-ZIP DUNEDIN FL 34698  
4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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: DAVID HORRELL (D.T.) 1/6/97 (813) 734-8199  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0088382

CR2E037 (9/96)