

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N26854 (2)
 1. Corporation Name
HURRICANE PASS ANGLER'S CLUB, INC.



Principal Place of Business 1312 SLEEPY HOLLOW CT. DUNEDIN FL 34698	Mailing Address 1312 SLEEPY HOLLOW CT. DUNEDIN FL 34698
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3. Date Incorporated or Qualified 06/08/1988	
4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	DP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CASACELI, ED	1.2 NAME	HOFFINE, ROGER
STREET ADDRESS	2118 SALISBURY CT	1.3 STREET ADDRESS	2533 DOLLY BAY DR #303
CITY-ST-ZIP	PALM HARBOR FL	1.4 CITY-ST-ZIP	PALM HARBOR FL 34684
TITLE	DP <input type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AKINS, WENDELL	2.2 NAME	AKINS, WENDELL
STREET ADDRESS	311 INDIANA AVE.	2.3 STREET ADDRESS	311 INDIANA AVE
CITY-ST-ZIP	CRYSTAL BEACH FL 34681	2.4 CITY-ST-ZIP	CRYSTAL BEACH FL 34681
TITLE	DS <input checked="" type="checkbox"/> DELETE	3.1 TITLE	DS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KOSKELA, JACK	3.2 NAME	MILLER, ED
STREET ADDRESS	2364 HANOVER DR	3.3 STREET ADDRESS	3055 CASA DEL SOL CIR #302
CITY-ST-ZIP	DUNEDIN FL	3.4 CITY-ST-ZIP	CLEARWATER FL 34621
TITLE	DT <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORRELL, DAVID	4.2 NAME	
STREET ADDRESS	1312 SLEEPY HOLLOW CT.	4.3 STREET ADDRESS	
CITY-ST-ZIP	DUNEDIN FL 34698	4.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAVERCHAK, GENE	5.2 NAME	
STREET ADDRESS	7317 JENNER AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LODOVICO, MARTY	6.2 NAME	
STREET ADDRESS	2472 INDIAN TRIAL W.	6.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL 34683	6.4 CITY-ST-ZIP	

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14. I 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 R Horrell* 1-4-98 (813) 734-8199

CR2E037 (10/97)