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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999

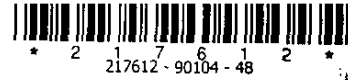


FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N26854

1. Corporation Name

HURRICANE PASS ANGLER'S CLUB, INC.



Principal Place of Business

Mailing Address

1312 SLEEPY HOLLOW CT.
 DUNEDIN FL 34698

1312 SLEEPY HOLLOW CT.
 DUNEDIN FL 34698

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

06/08/1988

22 City & State

27 City & State

4. FEI Number

Applied For

23 Zip Country

28 Zip Country

NOT APPLICABLE

Not Applicable

24

25

29

30

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

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 DP DELETE
 NAME HOFFINE, ROGER
 STREET ADDRESS 2533 DOLLY BAY DR #303
 CITY-ST-ZIP PALM HARBOR FL

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

TITLE D DELETE
 NAME AKINS, WENDELL
 STREET ADDRESS 311 INDIANA AVE.
 CITY-ST-ZIP CRYSTAL BEACH FL 34681

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE DS DELETE
 NAME MILLER, ED
 STREET ADDRESS 3055 CASA DEL SOL CIR #306
 CITY-ST-ZIP CLEARWATER FL 34621

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE DT DELETE
 NAME HORRELL, DAVID
 STREET ADDRESS 1312 SLEEPY HOLLOW CT.
 CITY-ST-ZIP DUNEDIN FL 34698

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE DV DELETE
 NAME VAVERCHAK, GENE
 STREET ADDRESS 7317 JENNER AVE.
 CITY-ST-ZIP NEW PORT RICHEY FL 34655

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE D DELETE
 NAME LODOVICO, MARTY
 STREET ADDRESS 2472 INDIAN TRIAL W.
 CITY-ST-ZIP PALM HARBOR FL 34683

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-5-99

(727) 734-8199

Date

Daytime Phone #

CR2E037 (1/98)