FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

(2)

Mar 03 1998 8:00am Secretary of State

| Principal Place of Business Mailing Address | | | | | | | | | |
|---|-----------------|--|---|---------------|---------------|---|--|-------------------|--|
| 9854 CALOOSA YACHT & RACQUET CLUB DR FORT MYERS FL 33919 US | | | 9854 CALOOSA YACHT & RACQUET CLUB DR FORT MYERS FL 33919 US | | | ub dr | 3. Date Incorporated or Qualified 10/10/1988 4. FEI Number Applied 65-0009870 Not Ap | d For | |
| 2. Principal Place of Business 21 | | | 2a. Malling Address 26 | | | | 5. Certificate of Status Desired \$8.75 Additional Fee Required | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | | 6. Election Campaign Financing \$5.00 May Trust Fund Contribution Added to Fee | | |
| City & State | | | City & State | | | | 7. Is this nonprofit corporation a homeowners association? | | |
| Zip 24 | Country Zip | | | 30 | Country 30 | | 8. This corporation owes or has paid the current year Intangli Personal Property Tax due June 30. Yes No | | |
| 9. Name and Address of Current Registered Agent | | | | | | 10. Name and Address of New Registered Agent | | | |
| RICHARDSON, PATRICIA 9854 CALOOSA YACHT & RACQUET CLUB DR | | | | | 81 82 | 82 Street Address (P.O. Box Number Is Not Acceptable) | | | |
| FORT MYERS FL 33919 | | | | | 83 | | | | |
| | | | | | 84 | City | FL 85 Zip Code | | |
| office or r | registered ag | ions of Sections 617.05 lent, or both, in the Sta th, and accept the obl | te of Florida. Such ch | ange was auth | orized by | the core | d corporation submits this statement for the purpose of changing its re- rporation's board of directors. I hereby accept the appointment as regis | istered stered | |
| SIGNATURE | Clanatura A = | | | MOTE O | | | e required when reinstating) DATE | | |
| | | | | | 13. | m signatura | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN | 12 | |
| TITLE | - 10 | OT TOLING A | | DELETE | 1.1 TITLE | | | Addition | |
| NAME | | | | | 1.2 NAME | | , | | |

9854 CALOOSA YACHT & RACQUET CLUB DR STREET ADDRESS 1.3 STREET ADDRESS FT MYERS FL CFTY - ST - ZWP 1.4 CITY-ST-ZIP TITLE 2.1 TITLE **セル** ■ Addition DARE, DERRILL 2.2 NAME 9854 CALOOSA YACHT & RACQUET CLUB DR 2.3 STREET ADDRESS STREET ADDRESS FT MYERS FL CITY-ST-ZIP 2.4 CITY - ST-ZIP DELFTE ☐ Change Addition TITLE 3.1 TITLE **CURRY, RICHARD** NAME 3.2 NAME 9854 CALOOSA YACHT & RAC STREET ADDRESS 3.3 STREET ADDRESS FT MYERS FL CITY-ST-ZIP 3.4. CITY-ST-ZIP D V.P Sabold, Betty DELETE Addition TITLE 4.1 TITLE MILLER, MYRON NAME 4.2 NAME 9854 CAL YACHT & RAC CLU STREET ADDRESS 4.3 STREET ADDRESS FT MYERS FL CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition TITLE 5.1 TITLE D MURTHA, JOHN NAME 5.2 NAME 9854 CAL YACHT & RAC CLB 5.3 STREET ADDRESS STREET ADDRESS FT MYER\$ FL CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

14. Thereby 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.

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