

# 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 # **N39697**

(0)

1. Corporation Name

**HAWG HUNTERS BASS CLUB, INC.**



Principal Place of Business

Mailing Address

% IRA ARONSON  
5000 N. 36 COURT  
HOLLYWOOD FL 33021-2233

% IRA ARONSON  
5000 N. 36 COURT  
HOLLYWOOD FL 33021-2233

3. Date Incorporated or Qualified

**07/25/1990**

3a. Date of Last Report

**01/23/1995**

4. FEI Number

**65-0219170**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 **50 IRA ARONSON**

26 **50 IRA ARONSON**

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐

Yes

☐

No

Suite, Apt. #, etc.

22 **2479 BAY ISLE CT.**

City & State

23 **FT. LAUDERDALE, FL.**

Zip

24 **33327-1409**

Country

25 **USA**

Suite, Apt. #, etc.

27 **2479 BAY ISLE CT.**

City & State

28 **FT. LAUDERDALE, FL.**

Zip

29 **33327-1409**

Country

30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ARONSON, IRA  
5000 N 36TH CT  
HOLLYWOOD FL 33021

81 Name

82 **ARONSON, IRA**

83 **2479 BAY ISLE CT.**

84

City

**FT. LAUDERDALE**

**FL**

85 Zip Code

**33327-1409**

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

TITLE **PD** ☒ DELETE

NAME **GRONDONA, BARRY**

STREET ADDRESS **191 SW 6TH AVE**

CITY-ST-ZIP **PLANTATION FL**

TITLE **VD** ☐ DELETE

NAME **CADORETTE, RON**

STREET ADDRESS **2401 SW 136 AVE**

CITY-ST-ZIP **DAVIE FL**

TITLE **STD** ☐ DELETE

NAME **ARONSON, IRA**

STREET ADDRESS **5000 N 36TH CT**

CITY-ST-ZIP **HOLLYWOOD FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☒ Change ☐ Addition

1.2 NAME **CADORETTE, RON**

1.3 STREET ADDRESS **2401 S.W. 136 AVE.**

1.4 CITY-ST-ZIP **DAVIE, FL 33325**

2.1 TITLE **VD** ☐ Change ☒ Addition

2.2 NAME **TURNER, LEE**

2.3 STREET ADDRESS **7100 S.W. 19 ST.**

2.4 CITY-ST-ZIP **PLANTATION, FL 33317**

3.1 TITLE **STD** ☒ Change ☐ Addition

3.2 NAME **ARONSON, IRA**

3.3 STREET ADDRESS **2479 BAY ISLE CT.**

3.4 CITY-ST-ZIP **FT. LAUDERDALE, FL 33327-1409**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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: **(STD) IRONSON (IRA ARONSON)** 1-16-96 (954) 349 8848

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)