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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000001940 (5)

1. Corporation Name

PREMIUM PARASAIL BOAT OWNERS ASSOC., INC.



Principal Place of Business

928 NE 24TH LANE
UNIT 4
CAPE CORAL FL 33909

Mailing Address

928 NE 24TH LANE
UNIT 4
CAPE CORAL FL 33909

3. Date Incorporated or Qualified
04/15/1994

3a. Date of Last Report
05/01/1995

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

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GIBBS, GILBERT
928 NE 24TH LANE
UNIT 4
CAPE CORAL FL 33909

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

TITLE PD
NAME GIBBS, GILBERT
STREET ADDRESS 1721 SE 43 ST
CITY-ST-ZIP CAPE CORAL FL 33904

☐ DELETE

TITLE V
NAME HALL, ROBERT
STREET ADDRESS 8460 GULF BLVD #201
CITY-ST-ZIP NAVARRE BEACH FL 32566

☐ DELETE

TITLE ST
NAME BAHN, MARK
STREET ADDRESS POB 1392 NA
CITY-ST-ZIP MARCO ISLAND FL 33969

☐ DELETE

TITLE D
NAME VANDER LAAN, RICHARD
STREET ADDRESS 928 NE 24TH LANE #4
CITY-ST-ZIP CAPE CORAL FL 33909

☐ DELETE

TITLE D
NAME GIBBS, VANESSA
STREET ADDRESS 1721 SE 43 ST
CITY-ST-ZIP CAPE CORAL FL 33904

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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:

Gilbert B. Gibbs
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E037 (12/95)