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Feb 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33909-2921
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3. Date Incorporated or Qualified **04/15/1994** 3a. Date of Last Report **03/07/1996**

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

4. FEI Number **65-0574346** Applied For ☐ Not Applicable

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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]* **GILBERT A. GIBBS** **1/23/97** DATE
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GIBBS, GILBERT	
STREET ADDRESS	1721 SE 43 ST	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HALL, ROBERT	
STREET ADDRESS	8460 GULF BLVD #201	
CITY-ST-ZIP	NAVARRE BEACH FL 32566	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	BAHR, MARK	
STREET ADDRESS	POB 1392 NA	
CITY-ST-ZIP	MARCO ISLAND FL 33969	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VANDER LAAN, RICHARD	
STREET ADDRESS	928 NE 24TH LANE #4	
CITY-ST-ZIP	CAPE CORAL FL 33909	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GIBBS, VANESSA	
STREET ADDRESS	1721 SE 43 ST	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *[Signature]* **GILBERT A. GIBBS** **1/23/97** **941458185**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **0056424**

CR2E037 (9/96)