

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 04 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>928 NE 24TH LANE UNIT 4 CAPE CORAL FL 33909</b>		Mailing Address <b>928 NE 24TH LANE UNIT 4 CAPE CORAL FL 33909</b>		3. Date Incorporated or Qualified <b>04/15/1994</b>	
2. Principal Place of Business <b>21</b> Suite, Apt. #, etc.		2a. Mailing Address <b>26</b> Suite, Apt. #, etc.		4. FEI Number <b>65-0574346</b>	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24 Country		29 Country		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
25		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>GIBBS, GILBERT 928 NE 24TH LANE UNIT 4 CAPE CORAL FL 33909</b>				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number Is Not Acceptable)	
				83	
				84 City	
				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 reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GIBBS, GILBERT</b>	1.2 NAME	
STREET ADDRESS	<b>1721 SE 43 ST</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CAPE CORAL FL 33904</b>	1.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HALL, ROBERT</b>	2.2 NAME	<b>JAMES HEATH</b>
STREET ADDRESS	<b>8480 GULF BLVD #201</b>	2.3 STREET ADDRESS	<b>UP</b>
CITY-ST-ZIP	<b>NAVARRE BEACH FL 32566</b>	2.4 CITY-ST-ZIP	<b>8025 BEACH DR.</b>
TITLE	<b>ST</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BAHR, MARK</b>	3.2 NAME	<b>PANAMA CITY BEACH, FL 32408</b>
STREET ADDRESS	<b>POB 1392 NA</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MARCO ISLAND FL 33989</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VANDER LAAN, RICHARD</b>	4.2 NAME	
STREET ADDRESS	<b>928 NE 24TH LANE #4</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CAPE CORAL FL 33909</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GIBBS, VANESSA</b>	5.2 NAME	
STREET ADDRESS	<b>1721 SE 43 ST</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CAPE CORAL FL 33904</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE:  **MARK BAHR**

4/12/1998 941 458 1864

CR2E037 (10/97)