

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 # N94000005898 (1)

1. Corporation Name

SOUTHWEST FLORIDA AIRBOAT ASSOCIATION, INC.



Principal Place of Business

7036 CLARK ROAD
SARASOTA FL 34241

Mailing Address

7036 CLARK ROAD
SARASOTA FL 34241

3. Date Incorporated or Qualified
12/01/1994

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

4. FEI Number
65-9537501

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

10. Name and Address of New Registered Agent

ABBOTT, TED
7036 CLARK ROAD
SARASOTA FL 34241

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME ABBOTT, TED
STREET ADDRESS 7036 CLARK ROAD
CITY-ST-ZIP SARASOTA FL 34241 ☐ DELETE

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME Robin Page
1.3 STREET ADDRESS 10214 FAULTVILLE RD.
1.4 CITY-ST-ZIP SARASOTA, FL 34240 ☒ Change ☐ Addition

TITLE VD
NAME MANESS, PAUL
STREET ADDRESS RT. 1, BOX 686-G
CITY-ST-ZIP MYAKKA CITY FL 34251 ☐ DELETE

2.1 TITLE V.P. ☒ Change ☐ Addition
2.2 NAME Tom Jacobs
2.3 STREET ADDRESS 5230 RIVERVIEW BLVD. W.
2.4 CITY-ST-ZIP BRADENTON, FL 34209 ☒ Change ☐ Addition

TITLE SD
NAME LOYAL, MARTI A
STREET ADDRESS 7156 TERRITORY LANE
CITY-ST-ZIP SARASOTA FL 34240 ☐ DELETE

3.1 TITLE SD ☒ Change ☐ Addition
3.2 NAME Cindy Abbott
3.3 STREET ADDRESS 5428 D'ORSAY ST.
3.4 CITY-ST-ZIP SARASOTA, FL 34232 ☒ Change ☐ Addition

TITLE TD
NAME ABBOTT, MARILYN
STREET ADDRESS 7036 CLARK ROAD
CITY-ST-ZIP SARASOTA FL 34241 ☐ DELETE

4.1 TITLE TD ☒ Change ☐ Addition
4.2 NAME ANNIE EWTON
4.3 STREET ADDRESS 118 TATUM RIDGE
4.4 CITY-ST-ZIP SARASOTA, FL 34240 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/96 (941) 378-1163
Date Daytime Phone #

CR2E037 (12/95)