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Jun 17 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Candice B. Northam
Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # N94000005898 (1)

1. Corporation Name

SOUTHWEST FLORIDA AIRBOAT ASSOCIATION, INC.

Principal Place of Business

Mailing Address

7036 CLARK ROAD
SARASOTA FL 34241

7036 CLARK ROAD
SARASOTA FL 34241-9334

3. Date Incorporated or Qualified
12/01/1994

3a. Date of Last Report
04/22/1996

2. Principal Place of Business

21 118 Tatum Ridge Rd.

2a. Mailing Address

26 118 Tatum Ridge Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 SARASOTA, FL.

City & State

28 SARASOTA.

Zip

Country

24 34240

25 FL.

Zip

Country

29 34240

30 FL.

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 ROBIN PAGE
STREET ADDRESS 10217 FRUITVILLE RD
CITY-ST-ZIP SARASOTA FL ☒ DELETE

TITLE VP
NAME TOM JACOBS
STREET ADDRESS 5230 RIVERVIEW BLVD, W
CITY-ST-ZIP BRADENTON FL ☐ DELETE

TITLE SD
NAME CINDY ABBOTT
STREET ADDRESS 5428 D'ORSAY ST
CITY-ST-ZIP SARASOTA FL ☒ DELETE

TITLE TD
NAME ANNIE EWTON
STREET ADDRESS 118 TATUM RIDGE
CITY-ST-ZIP SARASOTA FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

1.1 TITLE PJ.
1.2 NAME James F. Ewton
1.3 STREET ADDRESS 118 TATUM RIDGE
1.4 CITY-ST-ZIP SARASOTA, FL. 34240 ☒ Change ☐ Addition

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

3.1 TITLE SD
3.2 NAME THEDA WOLVERTON
3.3 STREET ADDRESS PO. BOX # 315
3.4 CITY-ST-ZIP MYAKKA CITY, FL. 34251 ☒ Change ☐ Addition

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

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

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 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.

ANNIE EWTON

2/6/97 2:16 PM

CP2E037 (9/96)