


FILE NOW: FILING FEE IS \$61.25

FILED
Jan 21 1998 8:00am
Secretary of State

| NONPROFIT CORPORATION ANNUAL REPORT 1998 | |  | | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | |
|--|------------------------------|--|--|--|--|
| DOCUMENT # N95000000665 (8) 1. Corporation Name THE 55TH STRAT RECON WING ASSOCIATION, INC. | | | | | |
| Principal Place of Business 151 CALHOUN AVENUE, UNIT 507 DESTIN FL 32541 | | | Mailing Address 151 CALHOUN AVENUE, UNIT 507 DESTIN FL 32541 | | |
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country | | 3. Date Incorporated or Qualified 02/08/1995 4. FEI Number 59-3303017 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 9. Name and Address of Current Registered Agent WATERS, CHARLES E 151 CALHOUN AVENUE, UNIT 507 DESTIN FL 32541 | | | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____ | | | | | |
| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
| TITLE | D | <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | HOBBERMAN, ERROL | | 1.2 NAME | | |
| STREET ADDRESS | 6690 AVENIDA CODORNIZ | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | NAVARRE FL 32566 | | 1.4 CITY-ST-ZIP | | |
| TITLE | VPD | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | HOOVER, ROBB | | 2.2 NAME | | |
| STREET ADDRESS | 3308 LYNNWOOD DRIVE | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | BELLEVUE NE | | 2.4 CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | WATERS, CHARLES E | | 3.2 NAME | | |
| STREET ADDRESS | 151 CALHOUN AVENUE, UNIT 507 | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | DESTIN FL 32541 | | 3.4 CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | PIZZO, SAMUEL | | 4.2 NAME | | |
| STREET ADDRESS | 218 NOTTOWAY DRIVE | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | MANDEVILLE LA | | 4.4 CITY-ST-ZIP | | |
| TITLE | SD | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | WHITE BENJAMIN L. | | 5.2 NAME | | |
| STREET ADDRESS | BOX 2406 OCAN SANDS | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | COROLLA NC | | 5.4 CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | MOORE, MAX R. | | 6.2 NAME | | |
| STREET ADDRESS | 201 BASSWOOD COURT | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | BELLEVUE NE | | 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: <i>Charles E. Waters</i> FILED 1-6-98 850-837-6891 | | | | | |

CF2E037 (10/97)