

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 # N95000005136 (5)

1. Corporation Name

THE NAPOLEONIC ASSOCIATION, INC.



Principal Place of Business

1115 PONCE DE LEON BLVD.  
CLEARWATER FL 34616

Mailing Address

1115 PONCE DE LEON BLVD.  
CLEARWATER FL 34616

2. Principal Place of Business

21 1115 Ponce de Leon Blvd.

2a. Mailing Address

26 Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State Clearwater, FL 34616

27 City & State

23 Zip 34616

Country

28 Zip

Country

3. Date Incorporated or Qualified

10/26/1995

3a. Date of Last Report

4. FEI Number

59-3348743

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

SMITH, SHERRYLE  
1115 PONCE DE LEON BLVD.  
CLEARWATER FL 34616

10. Name and Address of New Registered Agent

81 Name

Robert M. Snibbe, Sr.

82 Street Address (P.O. Box Number is Not Acceptable)

1115 Ponce de Leon Blvd

83

84 City

Clearwater

FL

85 34616

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

June 11, 1996

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE President ☒ Change ☐ Addition  
12 NAME Robert M. Snibbe Sr.  
13 STREET ADDRESS 1115 Ponce de Leon Blvd  
14 CITY - ST - ZIP Clearwater, FL 34616

21 TITLE ☐ Change ☒ Addition  
22 NAME Ronald G. Tinlin, Trustee  
23 STREET ADDRESS 2077 N. Collins  
24 CITY - ST - ZIP Richardson, TX 75080

31 TITLE ☐ Change ☒ Addition  
32 NAME Michael E. Siska, Trustee  
33 STREET ADDRESS 2857 Fairway Forest Circle  
34 CITY - ST - ZIP Salem, VA 24153

41 TITLE ☐ Change ☒ Addition  
42 NAME Robert M. Snibbe, Jr.  
43 STREET ADDRESS 640 Poinsettia Rd  
44 CITY - ST - ZIP Belleair FL 34616

51 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY - ST - ZIP

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 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:

Robert M Snibbe

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

813-586-1779

4/26/96

Daytime Phone #

CR2E037 (12/95)