


FILE NOW: FILING FEE IS \$61.25

FILED
Jun 25 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 # **N96000001758 (9)**

1. Corporation Name

**FISHERMEN'S BOUNTY BOARD OF DIRECTORS OF PINE IS
LAND, INC.**

Principal Place of Business

Mailing Address

P.O. BOX 482
BOKEELIA FL 33922

P.O. BOX 482
BOKEELIA FL 33922

3. Date Incorporated or Qualified

03/25/1996

4. FEI Number

65-0662291

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **P.O. Box 126**

22 City & State

27 **N/A**

23 Zip

Country

28 **ST. JAMES CITY, FL**

29 **33956**

Country

30 **LEE**

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HEDGE, SUSAN L
U. OF FL. LEE COUNTY EXTENSION
3406 PALM BEACH BLVD.
FT. MYERS FL 33916**

81 Name

SYLVIA BROWN

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

3 PAPAYA ST.

83

84 City

ST. JAMES CITY

FL

85 Zip Code

33956

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 **SYLVIA BROWN**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered agent signature required when reinstating)

6-6-98

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	CONLEY, SHIRLEY	
STREET ADDRESS	6527 EASY ST	
CITY-ST-ZIP	BOKEELIA FL 33922	

1.1 TITLE	ST DANNY YEHANUS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	20430 WILBORN RD.	
1.3 STREET ADDRESS	N. FT. MYERS, FL 33917	
1.4 CITY-ST-ZIP		

TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	SPEARING, MARIE	
STREET ADDRESS	4760 COURTNEY RD NW	
CITY-ST-ZIP	ST JAMES CITY FL 33956	

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	NIELSON, DAVID	
STREET ADDRESS	P.O. BOX 482 N/A	
CITY-ST-ZIP	BOKEELIA FL 33922	

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	SPEARING, CAROL	
STREET ADDRESS	4513 COURTNEY RD	
CITY-ST-ZIP	ST JAMES CITY FL 33956	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

TITLE	DP	<input type="checkbox"/> DELETE
NAME	RICE, DAVID	
STREET ADDRESS	3807 Papaya St.	
CITY-ST-ZIP	St James City, FL 33956	

5.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

TITLE	DS	<input type="checkbox"/> DELETE
NAME	BROWN, SYLVIA	
STREET ADDRESS	8679 Papaya St.	
CITY-ST-ZIP	ST. JAMES CITY FL 33956	

6.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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:

Sylvia Brown

6-6-98

(901) 283-5283

CR2E037 (1097)