

FILE NOW: FILING FEE IS \$61.25

FILED

**Feb 17 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000001865 (2)

1. Corporation Name

MARCO ISLAND FAIR WATER DEFENSE FUND COMMITTEE, INC.



Principal Place of Business 950 NORTH COLLIER BLVD., STE. 201 MARCO ISLAND FL 33937	Mailing Address 950 NORTH COLLIER BLVD., STE. 201 MARCO ISLAND FL 33937
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3. Date Incorporated or Qualified
04/02/1996

4. FEI Number
65-0662382

Applied For	
Not Applicable	<input checked="" type="checkbox"/>

2. Principal Place of Business

21	2a. Mailing Address
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Suite, Apt. #, etc.

22	27
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City & State

23	28
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Zip Country

24	25	29	30
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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

**KRAMER, FREDERICK C
950 NORTH COLLIER BLVD., STE. 201
MARCO ISLAND FL 33937**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BAARMAN, DONALD 400 S. COLLIER BLVD. MARCO ISLAND FL <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP BILES, FAY 1588 HEIGHTS COURT MARCO ISLAND FL <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRAMER, FREDERICK C 950 NORTH COLLIER BLVD., STE. 201 MARCO ISLAND FL 33937 <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PETTERSEN, KJELL 350 ROCKHILL CT. MARCO ISLAND FL 33937 <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BOLTZ, BEVERLY 913 N COLLIER BLVD MARCO ISLAND FL <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	President
3.3 STREET ADDRESS	Frederick C. Kramer
3.4 CITY-ST-ZIP	950 N. Collier Blvd, Suite 201 Marco Island, FL 34145
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input 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: _____ **PRESTON 2-5-98 941 734 8172**

CPRE037 (10/97)