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FILED
Jun 18 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 # N96000006404 (5)

1. Corporation Name

TAMPA BAY CATAMARAN SAILORS, INC.



Principal Place of Business

Mailing Address

6329 LANSDALE CIRCLE
TAMPA FL 33616

6329 LANSDALE CIRCLE
TAMPA FL 33616

3. Date Incorporated or Qualified

01/01/1997

4. FEI Number

69-3415030

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

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

ROCHE, CLIFFORD
6329 LANSDALE CIRCLE
TAMPA FL 33616

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

Star R. Helmbrecht
Signature, typed or printed name of registered agent and title if applicable

STAR R. HELMBRECHT
Registered Agent Signature required when reinstating

5/8/98

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE
NAME HOOPES, JOHN
STREET ADDRESS 306 A AVERY AVE.
CITY-ST-ZIP CRYSTAL BEACH FL 34681

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME BROOKS, WILLIAM D
STREET ADDRESS 12724 CARTE DRIVE
CITY-ST-ZIP TAMPA FL 33618

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME FONDRK, JOHN
STREET ADDRESS 575 TRADEWINDS DRIVE
CITY-ST-ZIP DUNEDIN FL 34698

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME BEDGOOD, DENNIS
STREET ADDRESS 3138 PINE SHADOW DRIVE
CITY-ST-ZIP LAND O'LAKES FL 34639

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME HELMBRECHT, STAR
STREET ADDRESS 3138 PINE SHADOW DRIVE
CITY-ST-ZIP LAND O'LAKES FL 34639

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

TITLE ☒ DELETE
NAME COPE, HAYWOOD
STREET ADDRESS 6908 MEXICALA COURT
CITY-ST-ZIP TAMPA FL 33634

6.1 TITLE ☐ Change ☒ 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

Star R. Helmbrecht

STAR R. HELMBRECHT

5/8/98

813-591-1313

CP2E037 (10/97)