

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000006404

1. Corporation Name

TAMPA BAY CATAMARAN SAILORS, INC.

Principal Place of Business

6329 LANSDALE CIRCLE
TAMPA FL 33616

Mailing Address

6329 LANSDALE CIRCLE
TAMPA FL 33616

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90066 032 ****61.25



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

01/01/1997

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-3415030

Applied For

Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

24 Zip

Country

28 Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE TD
NAME CLIFFORD ROCHE
STREET ADDRESS 6329 LANSDALE CIR
CITY-ST-ZIP TAMPA FL 33616 ☐ DELETE

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

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

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME Barbara Short
2.3 STREET ADDRESS 211 E. Skiff Point
2.4 CITY-ST-ZIP Clearwater, FL 34630

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

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME Cheryl Johnson
3.3 STREET ADDRESS 906 Woodcliff Avenue
3.4 CITY-ST-ZIP Tampa, FL 33613

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

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME Mike DiSalvo
4.3 STREET ADDRESS 8506 Westridge Drive
4.4 CITY-ST-ZIP Tampa, FL 33615

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

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME Chive Short
5.3 STREET ADDRESS 211 E. Skiff Point
5.4 CITY-ST-ZIP Clearwater FL 34630

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

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME Ryan Rayer
6.3 STREET ADDRESS 3545 Covington Drive
6.4 CITY-ST-ZIP Holiday, FL 34691

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, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-5-99 813-282-2486

Date

Daytime Phone #

CR2E037 (11/98)