

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90164 011 ****61.25

DOCUMENT # N97000003554

1. Corporation Name

PIRATE HARBOR WATERWAYS ASSOCIATION, INC.

Principal Place of Business

24237 BUCCANEER BOULEVARD
PUNTA GORDA FL 33955

Mailing Address

24237 BUCCANEER BOULEVARD
PUNTA GORDA FL 33955



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

30

3. Date Incorporated or Qualified

06/19/1997

4. FEI Number

65-0768595

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

9. Name and Address of Current Registered Agent

FOLEY, ALTHEA D
24237 BUCCANEER BOULEVARD
PUNTA GORDA FL 33955

10. Name and Address of New Registered Agent

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

TITLE D ☐ DELETE

NAME WAY, RON

STREET ADDRESS 24071 TREASURE ISLAND BLVD

CITY-ST-ZIP PUNTA GORDA FL 33955

TITLE P ☐ DELETE

NAME FOLEY, ALTHEA D

STREET ADDRESS 24237 BUCCANEER BOULEVARD

CITY-ST-ZIP PUNTA GORDA FL 33955

TITLE VP ☐ DELETE

NAME VALE, SANDY

STREET ADDRESS 24337 TREASURE ISLAND BLVD

CITY-ST-ZIP PUNTA GORDA FL 33955

TITLE S ☐ DELETE

NAME WAY, BONNIE

STREET ADDRESS 24237 BUCCANEER BOULEVARD

CITY-ST-ZIP PUNTA GORDA FL 33955

TITLE TD ☐ DELETE

NAME DEMBOSKI, ROBERT

STREET ADDRESS 24160 TREASURE ISLAND BLVD

CITY-ST-ZIP PUNTA GORDA FL 33955

TITLE D ☒ DELETE

NAME HARDY, FRANK

STREET ADDRESS 24160 TREASURE ISLAND

CITY-ST-ZIP PUNTA GORDA FL 33955

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

DIRECTOR
WILLIAM METCALF
24299 YACHT CLUB BLVD
PUNTA GORDA FL 33955

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 and typed or printed name of signing officer or director
Althea D. Foley
4-27-99 94-637-9974

Date

Daytime Phone #

CR2E037 (11/98)