FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR -4 AM 10:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P14386 (7)

1. Corporation Name

RESORT & COMMERCIAL RECREATION ASSOCIATION INCOR PORATED

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
P. O. BOX 1208 NEW PORT RICHEY FL 34656-1208	P. O. BOX 1208 NEW PORT RICHEY FL 34656-1208

3. Date Incorporated or Qualified: 05/08/1987

3a. Date of Last Report: 04/18/1994

4. FEI Number: 57-0743724 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21:
Suite, Apt. #, etc.
22:
City & State
23:
Zip 24: Country 25:

2a. Mailing Address
26:
Suite, Apt. #, etc.
27:
City & State
28:
Zip 29: Country 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

OLIVETO, FRANK
6850 LARCHMONT AVENUE EAST
NEW PORT RICHEY FL 34653

10. Name and Address of New Registered Agent

91 Name

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

93

94 City **FL** 95 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PPD	11 TITLE	DPE	☒ Change ☐ Addition
NAME	SANDBURG, KIRK	12 NAME	Wendy Kerr Price	
STREET ADDRESS	19607 PINE HOLLOW	13 STREET ADDRESS	444 Eagle Ridge Dr.	
CITY-ST-ZIP	BEND OR	14 CITY-ST-ZIP	Galena IL 61036	
TITLE	DP	21 TITLE	PPD	☒ Change ☐ Addition
NAME	DELANEY, PETER	22 NAME		
STREET ADDRESS	SMUGGLERS' NOTCH RESORT	23 STREET ADDRESS		
CITY-ST-ZIP	SMUGGLERS' NOTCH, VT	24 CITY-ST-ZIP		
TITLE	DPE	31 TITLE	DP	☒ Change ☐ Addition
NAME	MIESCHM, GLENN	32 NAME		
STREET ADDRESS	1550 NW HARTFORD AVE	33 STREET ADDRESS		
CITY-ST-ZIP	BEND OR	34 CITY-ST-ZIP		
TITLE	T	41 TITLE		☐ Change ☐ Addition
NAME	GILLINGS, GARY	42 NAME		
STREET ADDRESS	139 N WHITTAKER ST	43 STREET ADDRESS		
CITY-ST-ZIP	NEW BUFFALO MI	44 CITY-ST-ZIP		
TITLE	S	51 TITLE		☐ Change ☐ Addition
NAME	WEBER, RALPH C S U	52 NAME		
STREET ADDRESS	OFFICE 23, #123	53 STREET ADDRESS		
CITY-ST-ZIP	FRESNO CA	54 CITY-ST-ZIP		
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	OLIVETO, FRANK	62 NAME		
STREET ADDRESS	6850 LARCHMONT AVE.	63 STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY FL	64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Frank Oliveto FRANK OLIVETO 5/1/95 813-845-7
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone #

000743