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FILED
Mar 17 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P14386 (7)
1. Corporation Name
RESORT & COMMERCIAL RECREATION ASSOCIATION INCORPORATED



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 04/09/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	57-0743724	Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing, Trust Fund Contribution	\$5.00 May Be Added to Fees
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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	DP	1.1 TITLE	Change Addition
NAME	WENDY KERR PRICE	1.2 NAME	
STREET ADDRESS	444 EAGLE RIDGE DR.	1.3 STREET ADDRESS	P.O. BOX 812
CITY-ST-ZIP	GALENA IL	1.4 CITY-ST-ZIP	PRONG Pines PA 19350-0812 N/A
TITLE	DPE	2.1 TITLE	Change Addition
NAME	HAMMERSLEY, CHARLES	2.2 NAME	DP
STREET ADDRESS	UMPI	2.3 STREET ADDRESS	
CITY-ST-ZIP	PRESQUE ISLE ME	2.4 CITY-ST-ZIP	
TITLE	DP	3.1 TITLE	Change Addition
NAME	MIESCHM, GLENN	3.2 NAME	DPE
STREET ADDRESS	1550 NW HARTFORD AVE	3.3 STREET ADDRESS	NADINE BROADIE
CITY-ST-ZIP	BEND OR	3.4 CITY-ST-ZIP	1329 Arrowhead CT
TITLE	T	4.1 TITLE	Change Addition
NAME	GILLINGS, GARY	4.2 NAME	Dylan Jones
STREET ADDRESS	139 N WHITTAKER ST	4.3 STREET ADDRESS	12 KAWAH Beach Dr
CITY-ST-ZIP	NEW BUFFALO MI	4.4 CITY-ST-ZIP	KAWAH WLAND JC 29455
TITLE	S	5.1 TITLE	Change Addition
NAME	WISNOM, MARY	5.2 NAME	800002116218
STREET ADDRESS	1424 HASLETT RD #313	5.3 STREET ADDRESS	-03/18/97--01067--039
CITY-ST-ZIP	EAST LANGINE MI	5.4 CITY-ST-ZIP	***61.25
TITLE	D	6.1 TITLE	Change Addition
NAME	OLIVETO, FRANK	6.2 NAME	
STREET ADDRESS	6850 LARCHMONT AVE.	6.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL	6.4 CITY-ST-ZIP	

14. I do 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.

CR2E037 (9/96)