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Apr 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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**

2. Principal Place of Business

2a. Mailing Address

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Suite, Apt. #, etc.

P.O. Box 1998

Tarpon Springs FL 34688-1998

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Zip

Country

P.O. Box 1998

Tarpon Springs FL 34688-1998

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9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

05/08/1987

4. FEI Number

57-0743724

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**

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

10. Name and Address of New Registered Agent

**Frank Oliveto, RCRA
1304 Ridge Top Dr
Tarpon Springs FL 34689-8148**

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 **Frank Oliveto** **FRANK OLIVETO EXECUTIVE DIRECTOR** **4-15-98**

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	DP	<input checked="" type="checkbox"/> DELETE
NAME	WENDY KERR PRICE	
STREET ADDRESS	P O BOX 812 N/A	
CITY-ST-ZIP	POCONO PINES PA 18350-0812	

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	HAMMERSLEY, CHARLES	
STREET ADDRESS	UMPI	
CITY-ST-ZIP	PRESPUE ISLE ME	

TITLE	DPE	<input type="checkbox"/> DELETE
NAME	BROADIE, NADINE	
STREET ADDRESS	1324 ARROWHEAD COURT	
CITY-ST-ZIP	AUBURNDALE FL 33823	

TITLE	T	<input type="checkbox"/> DELETE
NAME	JONES, DYLAN	
STREET ADDRESS	12 KIAWAH BEACH DRIVE	
CITY-ST-ZIP	KIAWAH ISLAND SC 29455	

TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	WISNOM, MARY	
STREET ADDRESS	1424 HASLETT RD #313	
CITY-ST-ZIP	EAST LANGINE MI	

TITLE	D	<input type="checkbox"/> DELETE
NAME	OLIVETO, FRANK	
STREET ADDRESS	6850 LARCHMONT AVE.	
CITY-ST-ZIP	NEW PORT RICHEY FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DPE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Heidi Jewett, Recreation Director	
1.3 STREET ADDRESS	Mohonk Mountain House	
1.4 CITY-ST-ZIP	1000 Mountain Rest New Paltz NY 12561-2825	

2.1 TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Andy Holdnak, Asst. Professor	
2.3 STREET ADDRESS	University of Florida	
2.4 CITY-ST-ZIP	PO Box 118208, Dept. of Rec. & Parks Gainesville FL 32611-8208	

3.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Teresa Riska-Hall, Dir. of Recreation	
5.3 STREET ADDRESS	Sundial Beach Resort	
5.4 CITY-ST-ZIP	1451 Middle Gulf Dr Sanibel FL 33957-6521	

6.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS	1304 Ridge Top Dr	
6.4 CITY-ST-ZIP	TARPO SPRINGS FL 34689	

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: **Frank Oliveto** **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-98 **813939 8811**

Date Daytime Phone # 8888022

CR2E037 (10/97)