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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

**FILED**  
**Apr 15, 1999 8:00 am**  
**Secretary of State**

04-15-1999 90061 041 \*\*\*\*61.25

**DOCUMENT # P14386**

1. Corporation Name

**RESORT & COMMERCIAL RECREATION ASSOCIATION INCORPORATED**

Principal Place of Business

P. O. BOX 1998  
TARPON SPRINGS FL 34688-1998  
US

Mailing Address

P. O. BOX 1998  
TARPONS SPRINGS FL 34688-1998  
US

3 3 6 9 8 7  
336907 - 90061 - 41



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

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

9. Name and Address of Current Registered Agent

OLIVETO, RCRA F  
1304 RIDGE TOP DR  
TARPON SPRINGS FL 34689

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 DPE  
NAME JEWETT, HEIDI  
STREET ADDRESS MOHONK MOUNTAIN HOUSE, 1000 MOUNTAIN REST  
CITY-ST-ZIP NEW PALTZ NY 12561

TITLE DP  
NAME HOLDNAK, ANDY  
STREET ADDRESS UNIVERSITY OF FLORIDA  
CITY-ST-ZIP GAINESVILLE FL 32611

TITLE DP  
NAME BROADIE, NADINE  
STREET ADDRESS 1324 ARROWHEAD COURT  
CITY-ST-ZIP AUBURDALE FL 33823

TITLE T  
NAME JONES, DYLAN  
STREET ADDRESS 12 KIAWAH BEACH DRIVE  
CITY-ST-ZIP KIAWAH ISLAND SC 29455

TITLE S  
NAME RISKA-HALL, TERESA D  
STREET ADDRESS SUNDIAL BEACH RESORT 1451 MIDDLE GULF DR  
CITY-ST-ZIP SANIBEL FL 33957

TITLE D  
NAME OLIVETO, FRANK  
STREET ADDRESS 1304 MIDDLE GULF DR  
CITY-ST-ZIP TARPON SPRINGS FL 34689

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE DPE  
2.2 NAME RUSS BRAYLEY  
2.3 STREET ADDRESS HPER BLDG Room 133  
2.4 CITY-ST-ZIP BLOOMINGTON IN 47415-4801

3.1 TITLE DV  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE DT  
4.2 NAME KEN WAMPLER  
4.3 STREET ADDRESS 400 PINE LAKES PARKWAY  
4.4 CITY-ST-ZIP PALM COAST FL 32169-3602

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS 1304 Ridge Top Dr  
6.4 CITY-ST-ZIP

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:

*Frank Oliveto* REQUIRED

2-1-99

Date

727 939 8811

Daytime Phone #

CR2E037 (11/98)