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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000052939

1. Corporation Name

PALM GROVE MARINA OF FMB, INC.

Principal Place of Business

Mailing Address

2500 MAIN ST.
 FT. MYERS BEACH FL 33931

2500 MAIN ST.
 FT. MYERS BEACH FL 33931

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/26/1993

4. FEI Number

65-0428284

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
 Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 **14870 CALEB DR.**

Suite, Apt. #, etc.

22

City & State

23 **FT. MYERS FL**

Zip Country

24 **33908** 25 **LEE**

2a. Mailing Address

26 **14870 CALEB DR.**

Suite, Apt. #, etc.

27

City & State

28 **FT. MYERS FL**

Zip Country

29 **33908** 30 **LEE**

9. Name and Address of Current Registered Agent

STEFFAN, EUGENE M
2500 MAIN ST.
FT. MYERS BEACH FL 33931

10. Name and Address of New Registered Agent

81 Name

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

83 **14870 CALEB DR.**

84

City **FT. MYERS**

FL

85 Zip Code

33908

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

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 ☐ DELETE

NAME **PSD**

STREET ADDRESS **STEFFAN, E M**

CITY-ST-ZIP **2500 MAIN ST**

FT MYERS BCH FL

TITLE ☐ DELETE

NAME **TD**

STREET ADDRESS **STEFFAN, DIANE K**

CITY-ST-ZIP **2500 MAIN ST**

FT MYERS BCH FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PSD** ☒ Change ☐ Addition

1.2 NAME **STEFFAN, E. M.**

1.3 STREET ADDRESS **14870 CALEB DR.**

1.4 CITY-ST-ZIP **FT. MYERS, FL 33908**

2.1 TITLE **TD** ☒ Change ☐ Addition

2.2 NAME **STEFFAN, DIANE K**

2.3 STREET ADDRESS **14870 CALEB DR**

2.4 CITY-ST-ZIP **FT. MYERS FL 33908**

3.1 TITLE **VICE PRES.** ☐ Change ☒ Addition

3.2 NAME **STEFFAN, ROBERT E.**

3.3 STREET ADDRESS **1164 N. HERMITAGE**

3.4 CITY-ST-ZIP **FT. MYERS, FL 33908**

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

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 607, 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

EUGENE M. STEFFAN

4/30/99 (941)466-3334

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)