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Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90125 036 ****61.25

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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # 738992

1. Corporation Name

RUSSELL PARK CIVIC ASSOCIATION, INC.

Principal Place of Business

290 MIRAMAR RD.
FT. MYERS FL 33905

Mailing Address

290 MIRAMAR RD.
FT. MYERS FL 33905



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

05/10/1977

4. FEI Number

59-2355842

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

**VAUGHT, DOUGLAS
250 GRANADA BLVD.
FT. MYERS FL 33905**

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 ☐ DELETE
NAME **SD VAUGHN, MARTHA**
STREET ADDRESS **226 DEL RAY AVE.**
CITY-ST-ZIP **FT. MYERS FL**

TITLE ☐ DELETE
NAME **D DAVIS, BILL**
STREET ADDRESS **310 CAROLWAY**
CITY-ST-ZIP **FT MYERS FL**

TITLE ☐ DELETE
NAME **PD VAUGHT, DOUGLAS**
STREET ADDRESS **250 GRANADA BLVD.**
CITY-ST-ZIP **FT. MYERS FL**

TITLE ☒ DELETE
NAME **D LAVRACK, KEVIN**
STREET ADDRESS **221 LAGOON DR. S.E**
CITY-ST-ZIP **FT. MYERS FL**

TITLE ☒ DELETE
NAME **T LAWSON, RACHEL**
STREET ADDRESS **270 GRANADA BLVD**
CITY-ST-ZIP **FT MYERS FL**

TITLE ☒ DELETE
NAME **VPD CRISSMAN, LOU**
STREET ADDRESS **418 BELLAIR RD**
CITY-ST-ZIP **FT. MYERS FL 33905**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **D THOMP, JOYCE**
4.3 STREET ADDRESS **234 LABELLE AVE.**
4.4 CITY-ST-ZIP **FT. MYERS, FL 33905**

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME **T VANDIVER, NANCY**
5.3 STREET ADDRESS **157 LAGOONDR.**
5.4 CITY-ST-ZIP **Ft. Myers, FL 33905**

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME **VPD ~~KARLA~~ AMOS, KARLA**
6.3 STREET ADDRESS **219 GRANADA BLVD.**
6.4 CITY-ST-ZIP **Ft. Myers, FL 33905**

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: *Lou Crissman* **RESTORATION** *1-18-99* *941-332-7769*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)