


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 08, 2006 8:00 am**  
**Secretary of State**

03-08-2006 90187 040 \*\*\*\*61.25

**DOCUMENT # N24731**

1. Entity Name  
**WARM MINERAL SPRINGS CIVIC ASSOCIATION, INCORPORATED**



Principal Place of Business  
 12125 WARM MINERAL SPRINGS DRIVE  
 WARM MINERAL SPRINGS, FL 34287

Mailing Address  
 313 GRANADA BLVD.  
 WARM MINERAL SPRINGS, FL 34287

**50001385**



01052006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

4. FEI Number  
**65-0093860**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**KANIZAJ, JOSEPH**  
**234 SAN MARCO AVE.**  
**WARM MINERAL SPRINGS, FL 34287**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25 Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE P Delete <input checked="" type="checkbox"/>	NAME STROBL, ADAM STREET ADDRESS 313 GRANADA BLVD CITY-ST-ZIP WARM MINERAL SPRGS, FL 34287	TITLE P Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>	NAME Knapp, Margarete STREET ADDRESS 5379 Barlow Terrace CITY-ST-ZIP North Port FL 34287
TITLE VP Delete <input type="checkbox"/>	NAME FINGERHUT, NICK STREET ADDRESS 12317 ALTAMIRA CITY-ST-ZIP WARM MINERAL SPRINGS, FL 34287	TITLE  Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME  STREET ADDRESS CITY-ST-ZIP
TITLE TD Delete <input type="checkbox"/>	NAME KNAPP, ERNST STREET ADDRESS 5379 BARLOW TERRACE CITY-ST-ZIP NORTH PORT, FL 34287	TITLE  Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME  STREET ADDRESS CITY-ST-ZIP
TITLE VP Delete <input type="checkbox"/>	NAME WALTER, SYLVIA STREET ADDRESS 12312 SUAREZ CITY-ST-ZIP WARM MINERAL SPRINGS, FL 34287	TITLE  Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME  STREET ADDRESS CITY-ST-ZIP
TITLE D Delete <input type="checkbox"/>	NAME JAROS, KARL STREET ADDRESS 219 SAN JUAN DRIVE CITY-ST-ZIP WARM MINERAL SPRINGS, FL 34287	TITLE  Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME  STREET ADDRESS CITY-ST-ZIP
TITLE DS Delete <input type="checkbox"/>	NAME WECKER, SHIRLEY STREET ADDRESS 6834 AMOCO CITY-ST-ZIP WARM MINERAL SPRINGS, FL 34287	TITLE  Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME  STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE: Margarete Knapp** Margarete Knapp, 3-1-2006 941-423-9623  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #