


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90016 023 ****61.25

DOCUMENT # N33639	
1. Entity Name FORT MYERS SHORES CIVIC ASSOCIATION, INC.	

Principal Place of Business 1980 BAHAMA AVE FT MYERS SHORES FL 33905 US	Mailing Address 1980 BAHAMA AVE FT MYERS SHORE FL 33905 US
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2. Principal Place of Business 2253 DAVIS BLVD. Suite, Apt. #, etc.	3. Mailing Address P.O. Box # 50993 Suite, Apt. #, etc.
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City & State FORT MYERS, FL Zip 33905 Country	City & State FORT MYERS, FL. Zip 33994 Country
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MOORE CR2E037 (11/03)

4. FEI Number NO-T APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent WARDEN, BLECKLEY 1960 BAHAMA AVE. FT MYERS FL 33905

7. Name and Address of New Registered Agent Name: ED KIMBALL Street Address (P.O. Box Number is Not Acceptable): 2253 DAVIS BLVD. City: FORT MYERS FL Zip Code: 33905

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: Edward Kimball / EDWARD KIMBALL - PRESIDENT	DATE: 3/4/2004

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE PD NAME BLECKLEY, WARREN STREET ADDRESS 1960 BAHAMA AVE CITY-ST-ZIP FORT MYERS FL 33905	<input checked="" type="checkbox"/> Delete
TITLE TD NAME SMEDBERG, ROY STREET ADDRESS 13032 8TH STREET CITY-ST-ZIP FORT MYERS FL 33905	<input checked="" type="checkbox"/> Delete
TITLE VP NAME LESSER, DENNIS STREET ADDRESS 2201 ISLE OF PINES AVE. CITY-ST-ZIP FORT MYERS FL 33905	<input type="checkbox"/> Delete
TITLE SD NAME WELLS, BOB STREET ADDRESS 2049 ARUBA CITY-ST-ZIP FORT MYERS FL 33905	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD NAME ED KIMBALL STREET ADDRESS 2253 DAVIS BLVD. CITY-ST-ZIP FORT MYERS, FL. 33905	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD NAME MATT CHAPPELLE STREET ADDRESS 13319 CARIBBEAN CITY-ST-ZIP FORT MYERS, FL. 33905	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD NAME JANET TRIP STREET ADDRESS 2190 SANTIAGO CITY-ST-ZIP FORT MYERS, FL. 33905	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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: Edward Kimball / EDWARD KIMBALL - PRESIDENT 3/4/2004 (239)694-7822
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #