

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
May 05, 2003 8:00 am
Secretary of State

4/1

04-17-2003 90616 010 ****61.25

DOCUMENT # N99000002439

1. Entity Name
EDISON PARK NEIGHBORHOOD ASSOCIATION, INC.




Principal Place of Business Mailing Address
2454 EUCLID AVENUE **2454 EUCLID AVENUE**
FORT MYERS FL 33901 **FORT MYERS FL 33901**
US **US**

2. Principal Place of Business 3. Mailing Address
1751 WOODLAWN AVENUE **1751 WOODLAWN AVENUE**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
FORT MYERS, FLORIDA **FORT MYERS, FLORIDA**

Zip Country Zip Country
33901 **USA** **33901** **USA**



CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0991391** Applied For
 Not Applicable

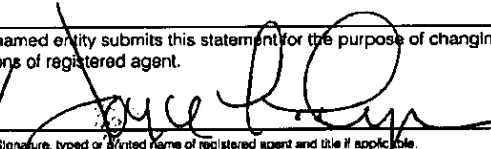
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

ERNST, ROBERT
2454 EUCLID AVENUE
FORT MYERS FL 33901

Name **JOYCE RYAN**
 Street Address (P.O. Box Number is Not Acceptable)
1751 WOODLAWN AVENUE
 City **FORT MYERS** **FL** Zip Code **33901**

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:  DATE: **4/14/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 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 VICE PRESIDENT <input type="checkbox"/> Delete | NAME ERNST, ROBERT STREET ADDRESS 2454 EUCLID AVENUE CITY-ST-ZIP FORT MYERS FL 33901 | TITLE VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | NAME SECRETARY WOOLEY, KEN STREET ADDRESS 1846 ARDMORE RD CITY-ST-ZIP FORT MYERS, FL 33901 |
| TITLE S <input checked="" type="checkbox"/> Delete | NAME WINTON, KARA STREET ADDRESS 1628 ARDMORE ROAD CITY-ST-ZIP FORT MYERS FL 33901 | TITLE SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | NAME WOOLEY, KEN STREET ADDRESS 1846 ARDMORE RD CITY-ST-ZIP FORT MYERS, FL 33901 |
| TITLE PRESIDENT <input type="checkbox"/> Delete | NAME RYAN, JOYCE STREET ADDRESS 1751 WOODLAWN AVE CITY-ST-ZIP FORT MYERS FL 33901 | TITLE P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | NAME SECRETARY |
| TITLE TREASURER <input type="checkbox"/> Delete | NAME SHIPPAS, NANCY STREET ADDRESS 1689 ARDMORE ROAD CITY-ST-ZIP FORT MYERS FL 33901 | TITLE DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | NAME BILL JENKINS STREET ADDRESS 1807 MONTE VISTA ST CITY-ST-ZIP FORT MYERS, FL 33901 |
| TITLE D <input checked="" type="checkbox"/> Delete | NAME METRICK, GLENN STREET ADDRESS 1639 MENLO ROAD CITY-ST-ZIP FORT MYERS FL 33901 | TITLE DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | NAME SUSAN MC ELLIGOTT STREET ADDRESS 2549 COLUMBUS ST CITY-ST-ZIP FORT MYERS, FL 33901 |
| TITLE DIRECTOR <input type="checkbox"/> Delete | NAME MEYERS, AL STREET ADDRESS 2464 EUCLID AVE CITY-ST-ZIP FORT MYERS FL 33901 | TITLE D <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME DIRECTOR |

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:  **REQUIRED** Date: **4-14-03** Daytime Phone #: **239 334 2135**

CFR2037 (10/02)

attachment

#N99002002439

35086200

D
JENKINS, WILLIAM
1807 MONTEVISTA
FORT MYERS, FLORIDA
33901

D

D
MCELLIGOTT, SUSAN
2549 COLUMBUS STREET
FORT MYERS, FLORIDA
33901

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