

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

**FILED**  
**Feb 24, 2003 8:00 am**  
**Secretary of State**

02-24-2003 90255 048 \*\*\*\*61.25

**DOCUMENT # N94000003966**

1. Entity Name

**PALMONA PARK CIVIC ASSOCIATION, INC.**



Principal Place of Business

**258 SANTA BARBARA ST.  
N. FORT MYERS FL 33903**

Mailing Address

**258 SANTA BARBARA ST.  
N. FORT MYERS FL 33903**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0578444**

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

**LITWIN, DEBRA A  
258 SANTA BARBARA ST.  
N. FORT MYERS FL 33903**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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 ☐ Delete  
NAME **P**  
STREET ADDRESS **DUNMIRE, RICHARD JR.**  
CITY-ST-ZIP **423 STATE STREET  
N. FT MYERS FL 33903**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **V**  
STREET ADDRESS **SAND, GEORGE**  
CITY-ST-ZIP **540 ELLIS STREET  
NO. FORT MYERS FL 33903**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **S**  
STREET ADDRESS **LITWIN, DEBRA**  
CITY-ST-ZIP **258 SANTA BARBARA ST.  
N. FORT MYERS FL 33903**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Delete  
NAME **T**  
STREET ADDRESS **LAROCQUE, TAMMIE JO**  
CITY-ST-ZIP **244 STATE STREET  
NORTH FORT MYERS FL 33903**

TITLE ☒ Change ☐ Addition  
NAME **BRYANT, Charles**  
STREET ADDRESS **212 SAN JOSE**  
CITY-ST-ZIP **NORTH FORT MYERS, FL 33903**

TITLE ☒ Delete  
NAME **D**  
STREET ADDRESS **HELMS, RAY**  
CITY-ST-ZIP **239 STATE STREET  
NORTH FORT MYERS FL 33903**

TITLE ☒ Change ☐ Addition  
NAME **D**  
STREET ADDRESS **TRUJILLO, HENRY**  
CITY-ST-ZIP **1763 WOODWARD AVE, #9  
NORTH FORT MYERS, FL 33903**

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **JOHNSON, MICHAEL**  
CITY-ST-ZIP **506 SANTA BARBARA ST.  
N. FORT MYERS FL 33903**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Debra A. Litwin* Secretary

1/19/03

239-995-2912

CR2E037 (10/02)