

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000086882

**Entity Name:** FT. MYERS MANAGEMENT, INC.

**Current Principal Place of Business:**

C/O BOND, SCHOENECK & KING, PLLC  
22 CORPORATE WOODS BLVD SUITE 501  
ALBANY, NY 12211

**Current Mailing Address:**

C/O BOND, SCHOENECK & KING, PLLC  
22 CORPORATE WOODS BLVD SUITE 501  
ALBANY, NY 12211 US

**FEI Number:** 65-0923831

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BOLANOS TRUXTON, P.A.  
12800 UNIVERSITY DRIVE  
SUITE 350  
FORT MYERS, FL 33907 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name RILEY, PATRICK J  
Address 22 CORPORATE WOODS BLVD  
SUITE 501  
City-State-Zip: ALBANY NY 12211

Title VD  
Name RILEY, CHRISTINE C  
Address 22 CORPORATE WOODS BLVD  
SUITE 501  
City-State-Zip: ALBANY NY 12211

Title SD  
Name ALDRICH, JOHN R  
Address 22 CORPORATE WOODS BLVD  
SUITE 501  
City-State-Zip: ALBANY NY 12211

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JOHN ALDRICH

**TREASURER**

**04/23/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date