


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
 Jun 22, 2006 8:00 am  
 Secretary of State

05-08-2006 90301 007 \*\*\*\*61.25

DOCUMENT # 700157			
1. Entity Name PILOT CLUB OF FT MYERS FLA INC			
Principal Place of Business C/O DIANE JENSEN 1833 HENDRY STREET FT. MYERS, FL 33901		Mailing Address C/O DIANE JENSEN 1833 HENDRY STREET FT. MYERS, FL 33901	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
JENSEN, DIANE % PAVESE, GARNER, ET AL 1833 HENDRY ST. FT MYERS, FL 33901		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)</small>			
Filing Fee is \$61.25 Due by May 1, 2006		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			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONWAY, CAROL 15840 S PEBBLE LN FORT MYERS, FL 33912 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Debbie Hall 3810 SW 20th Pl Cape Coral, FL 33914 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LIMEGROVER, PAT 16915 TIMBERLAKES DR FORT MYERS, FL 33908 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jennifer Boney 6354 St. Andrews Circle South Fort Myers, FL 33919 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HUNT, DIANE 22690 ISLAND LAKES DR ESTERO, FL 33928 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Diane Jensen 1833 Hendry St FT MYERS, FL 33901 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PE HUSSEY, ALISON 5613 AMOROSO DR FORT MYERS, FL 33919 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HUTTO, GWEN 506 WYOMING RD LEHIGH ACRES, FL 33936 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP P.O. Box 3111 N. Ft Myers, FL 33916 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HAWKINS, CINDY 14190 REFLECTION LAKES DR FORT MYERS, FL 33907 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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 officers empowered.			
SIGNATURE: <i>Alison C. Hussey</i>		Date: 5/30/06 Daytime Phone #: 863-675-5800	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

66020404




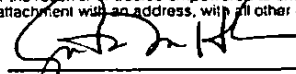
04242006 Chg-NP CR2E037 (11/05)

4. FEI Number 59-6151500 Applied For Not Applicable

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

# ATTACHMENT

## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # 700157</b> 1. Entity Name <b>PILOT CLUB OF FT MYERS FLA INC</b>					
Principal Place of Business <b>C/O DIANE JENSEN 1833 HENDRY STREET FT. MYERS, FL 33901</b>			Mailing Address <b>C/O DIANE JENSEN 1833 HENDRY STREET FT. MYERS, FL 33901</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04242006 Chg-NP CR2E037 (11/05)	
Zip		Country		4. FEI Number <b>59-6151500</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>JENSEN, DIANE % PAVESE, GARNER, ET AL 1833 HENDRY ST. FT MYERS, FL 33901</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> 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 _____ DATE _____ <small>Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reissuing)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				Make check payable to <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CONWAY, CAROL		NAME	Debbie Hall	
STREET ADDRESS	15840 S PEBBLE LN		STREET ADDRESS	3810 SW 20TH PL	
CITY-ST-ZIP	FORT MYERS, FL 33912		CITY-ST-ZIP	Cape Coral, FL 33914	
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LIMEGROVER, PAT		NAME	Jennifer Babey	
STREET ADDRESS	18915 TIMBERLAKES DR		STREET ADDRESS	6351 St. Andrews Circle South	
CITY-ST-ZIP	FORT MYERS, FL 33908		CITY-ST-ZIP	Fort Myers FL 33919	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUNT, DIANE		NAME	Diane Jensen	
STREET ADDRESS	22690 ISLAND LAKES DR		STREET ADDRESS	1833 Hendry ST	
CITY-ST-ZIP	ESTERO, FL 33928		CITY-ST-ZIP	FT MYERS, FL 33901	
TITLE	PE	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUSSEY, ALISON		NAME		
STREET ADDRESS	5613 AMOROSO DR		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS, FL 33919		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUTTO, GWEN		NAME		
STREET ADDRESS	508 WYOMING RD		STREET ADDRESS	P.O. Box 3111	
CITY-ST-ZIP	LEHIGH ACRES, FL 33936		CITY-ST-ZIP	N. Ft Myers, FL 33918	
TITLE	T	<input type="checkbox"/> Delete	TITLE	PE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAWKINS, CINDY		NAME		
STREET ADDRESS	14190 REFLECTION LAKES DR		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS, FL 33907		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: 			Cynthia M. Hawkins		4/25/06
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>

66070404

