

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2008 8:00 am
Secretary of State

02-08-2008 90023 020 ****61.25

DOCUMENT # 700862					
1. Entity Name FORT MYERS BEACH ART ASSOCIATION, INC.					
Principal Place of Business SHELL MOUND AND DONORA BOX 2359 FT. MYERS BEACH, FL 33932-2359 US			Mailing Address SHELL MOUND AND DONORA BOX 2359 FT. MYERS BEACH, FL 33932-2359 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1004609	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
TURNEY, KENNETH R 202 E PALM DR FT. MYERS, FL 33908			Name <u>TURNEY, KENNETH R</u> Street Address (P.O. Box Number is Not Acceptable) <u>11517 PALM DR.</u> City <u>FT. MYERS</u> <u>FL</u> Zip Code <u>33908</u>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V THOMPSON, GERRY 5015 COMPASS LANE FORT MYERS BEACH, FL 33931		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ACKERT, ROBERT 4851 DOLPHIN LN FT. MYERS BEACH, FL 33931		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition BUELOW, GEORGE 16098 VIA SOLERA CIR. #106 FT. MYERS, FL 33908	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MILLER, KATHRYN 17530 CANAL COVE CT FORT MYERS BEACH, FL 33931		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUELOW, MICHELE 16098 VIA SOLERA CIR #106 FORT MYERS, FL 33908		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOHNSON, GRETCHEN 345 MANGO ST #602 FT MYERS, FL 33931		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition BORDEN, KAREN 3061 SHELL MOUND BLVD FT. MYERS BEACH, FL 33931	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOUCY, ROBERT 26235 HICKORY BLVD 12 BONITA SPRINGS, FL 34134		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 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: <u>George Buelow, Treasurer</u>		Date <u>2/6/08</u> (239) 989-0205			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					