


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2007 8:00 am**  
**Secretary of State**

04-13-2007 90180 001 \*\*\*\*61.25

<b>DOCUMENT # 710254</b>		
1. Entity Name <b>PUNTA GORDA ISLES CIVIC ASSOCIATION, INC.</b>		

Principal Place of Business <b>2001 SHREVE ST PUNTA GORDA, FL 33950</b>	Mailing Address <b>103 WEST MARION AVE STE 121 PUNTA GORDA, FL 33950</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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**40060200**



04032007 Chg-NP CR2E037 (12/06)

4. FEI Number <b>59-6541350</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>WOTITZKY, EDWARD L ATTY 223 TAYLOR STREET PUNTA GORDA, FL 33950-4427</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input checked="" type="checkbox"/> Delete		TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALBERS, WILLIAM			NAME	Cavanna, Maryann		
STREET ADDRESS	1460 SEA FAN DR			STREET ADDRESS	1309 Via Milanese		
CITY-ST-ZIP	PUNTA GORDA, FL 33950			CITY-ST-ZIP	Punta Gorda, FL 33950		
TITLE	SD	<input checked="" type="checkbox"/> Delete		TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOLLET, MARY			NAME	Bosco, Heidi		
STREET ADDRESS	1120 LASALINA CT			STREET ADDRESS	2823 La Mancha		
CITY-ST-ZIP	PUNTA GORDA, FL 33950			CITY-ST-ZIP	Punta Gorda, FL 33950		
TITLE	TD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LYNCH, BRENDA			NAME			
STREET ADDRESS	3830 BERMUDA CT			STREET ADDRESS			
CITY-ST-ZIP	PUNTA GORDA, FL 33950			CITY-ST-ZIP			
TITLE	VPD	<input checked="" type="checkbox"/> Delete		TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CAVANNA, MARYANN			NAME	McCormick, Don		
STREET ADDRESS	1309 VIA MILANESE			STREET ADDRESS	1308 Via Milanese		
CITY-ST-ZIP	PUNTA GORDA, FL 33950			CITY-ST-ZIP	Punta Gorda, FL 33950		
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FREELAND, CAROLYN			NAME	Rose, Ray		
STREET ADDRESS	240 DIVINCI DR			STREET ADDRESS	3631 Darin Drive		
CITY-ST-ZIP	PUNTA GORDA, FL 33950			CITY-ST-ZIP	Punta Gorda, FL 33950		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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:** Brenda J. Lynch **Brenda J. Lynch, Treas.** 4/15/2007 941-639-0888  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #