

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 710254

FILED
Apr 16, 2009
Secretary of State

Entity Name: PUNTA GORDA ISLES CIVIC ASSOCIATION, INC.

Current Principal Place of Business:

2001 SHREVE ST
PUNTA GORDA, FL 33950

New Principal Place of Business:

Current Mailing Address:

103 WEST MARION AVE
STE 121
PUNTA GORDA, FL 33950

New Mailing Address:

FEI Number: 59-6541350

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAGNIN, BETH
2001 S. SHREVE STREET
PUNTA GORDA, FL 33950 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CAVANNA, MARYANN
Address: 1309 VIA MILANESE
City-St-Zip: PUNTA GORDA, FL 33950

Title: SD () Delete
Name: HOFER, MARLENE
Address: 2830 RYAN BLVD
City-St-Zip: PUNTA GORDA, FL 33950

Title: TD () Delete
Name: LYNCH, BRENDA
Address: 3830 BERMUDA CT
City-St-Zip: PUNTA GORDA, FL 33950

Title: PD () Delete
Name: MCCORMICK, DON
Address: 1308 VIA MILANESE
City-St-Zip: PUNTA GORDA, FL 33950

Title: VPD (X) Delete
Name: DOOLITTLE, PATRICIA
Address: 1000 VIA TRIPOLI
City-St-Zip: PUNTA GORDA, FL 33950

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: PETERSON, BOB
Address: 3606 BONAIRE CT
City-St-Zip: PUNTA GORDA, FL 33950

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: DAUSTER, NANCY
Address: 2861 SANCHO PANZA CT
City-St-Zip: PUNTA GORDA, FL 33950

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRENDA LYNCH

TD

04/16/2009

Electronic Signature of Signing Officer or Director

Date