


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 29, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 711814</b> 1. Entity Name <b>MORSE SHORES CIVIC ASSOCIATION, INC.</b>	
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Principal Place of Business <b>160 CIR DR FORT MYERS, FL 33905 US</b>	Mailing Address <b>DAVID MORIN 5231 LAKE CALOOSA DR FORT MYERS, FL 33905 US</b>
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01232007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>23-7274479</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>MORIN, DAVID 5231 LAKE CALOOSA DR FT. MYERS, FL 33905</b>
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T. MORIN, DAVID 5231 LAKE CALOOSA DRIVE FORT MYERS, FL 33905
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAUNEY, ISABEL 123 SCHNEIDER DRIVE FORT MYERS, FL 33905
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MUNN, EILEEEN 5203 LAKE CALOOSA DRIVE FORT MYERS, FL 33905
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RICKETTS, ERNEST 321 GEORGIA AVENUE FORT MYERS, FL 33905
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BREFFLE, KENNETH 257 CONNECTICUT AVENUE FORT MYERS, FL 33905
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOWMAN, CLARENCE 260 ALAMEDA AVE. FORT MYERS, FL 33905

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01/31/07-80004-005 61.25

**DO NOT WRITE  
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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:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/07 239-693-5759  
Date Daytime Phone #