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**Mar 16, 1999 8:00 am**  
**Secretary of State**

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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 714587**

1. Corporation Name

**CAPE CORAL RETIRED OFFICERS ASSOCIATION, INC.**

Principal Place of Business

5624 RIVERSIDE DR  
CAPE CORAL FL 33990  
US

Mailing Address

PO BOX 0508  
CAPE CORAL FL 33990  
US



2. Principal Place of Business

21 **13851 EAGLE RIDGE LAKES**

2a. Mailing Address

26 -

3. Date Incorporated or Qualified

**05/14/1968**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

**23-7229224**

Applied For

Not Applicable

City & State

23 **FT. MYERS FL**

City & State

28 -

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

Zip

Country

Zip

Country

24 **33912**

25

29

30

6. Election Campaign Financing ☐

Trust Fund Contribution

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

SURICO, JOSEPH  
1415 SW 52ND LANE  
CAPE CORAL FL 33914

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

**13851 EAGLE RIDGE LAKES DR. #102**

83

84 City **FT. MYERS**

**FL**

85 Zip Code  
**33912**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0603, Florida Statutes.

SIGNATURE

*Joseph L. Surico*

*Feb 17, 1999*

Signature typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD SURICO, JOSEPH**  
STREET ADDRESS **1514 SW 52ND LANE**  
CITY-ST-ZIP **CAPE CORAL FL 33914**

TITLE ☒ DELETE

NAME **VD JOHNSON, THOMAS M**  
STREET ADDRESS **5237 SUNSET CT**  
CITY-ST-ZIP **CAPE CORAL FL 33904**

TITLE ☒ DELETE

NAME **SD JENISTA, GEORGE B.**  
STREET ADDRESS **1910 SE 37TH STREET**  
CITY-ST-ZIP **CAPE CORAL FL 33904**

TITLE ☐ DELETE

NAME **TD POWELL, HARRY K.**  
STREET ADDRESS **1922 SE 45TH STREET**  
CITY-ST-ZIP **CAPE CORAL FL 33904**

TITLE ☒ DELETE

NAME **D FRENY ROBERT M**  
STREET ADDRESS **902 SW 48TH TERR 204**  
CITY-ST-ZIP **CAPE CORAL FL 33914**

TITLE ☐ DELETE

NAME **D RICH, CLANCY**  
STREET ADDRESS **5246 TIFFANY CT.**  
CITY-ST-ZIP **CAPE CORAL FL 33904**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME **PD SURICO, JOSEPH**  
1.3 STREET ADDRESS **13851 EAGLE RIDGE LAKES DR.**  
1.4 CITY-ST-ZIP **FT. MYERS, FL 33912**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME **VD CHANDLER, GEORGE**  
2.3 STREET ADDRESS **17700 EAGLE VIEW LANE**  
2.4 CITY-ST-ZIP **CAPE CORAL, FL 33903**

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME **SD JAMES NICHOLS, JOHN H**  
3.3 STREET ADDRESS **5418 S.W. 220 AVE**  
3.4 CITY-ST-ZIP **CAPE CORAL, FL 33914**

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME **TD WILLIAMS, BEN C.**  
4.3 STREET ADDRESS **759 CORAL DR**  
4.4 CITY-ST-ZIP **CAPE CORAL, FL 33904**

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME **D JENISTA, GEORGE**  
5.3 STREET ADDRESS **1910 S.E. 37TH ST**  
5.4 CITY-ST-ZIP **CAPE CORAL, FL 33904**

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

*Joseph L. Surico*

*Feb 17, 1999*

*941-768-0425*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)