



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90256 041 ****61.25

DOCUMENT # 717562 1. Entity Name FORT CHARLES SHORES, INC.					
Principal Place of Business C/O R. SAN TERRE CPA 500 5TH AVE SO. NAPLES, FL 34102 US				Mailing Address C/O R. SAN TERRE CPA 500 5TH AVE SO. NAPLES, FL 34102 US	
2. Principal Place of Business 3430 Fort Charles Dr Suite, Apt. #, etc.		3. Mailing Address 3430 Fort Charles Dr Suite, Apt. #, etc.			
City & State Naples, FL 34102		City & State Naples, FL 34102		4. FEI Number 59-1522429	
Zip 34102		Country Collier		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RICHARDS, O.J. 3936 N TAMIAMI TR, SUITE A NAPLES, FL 34103				7. Name and Address of New Registered Agent Name Druscilla S. Doehrman Street Address (P.O. Box Number is Not Acceptable) 3430 Fort Charles Drive City Naples FL Zip Code 34102	
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 <u><i>Druscilla S Doehrman</i></u> Druscilla S. Doehrman 4/26/05 <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, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NORRIS, JAMES 3660 FORT CHARLES DRIVE NAPLES, FL 34102 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DOEHRMAN, DRUSCILLA 3430 FT CHARLES DR NAPLES, FL 34102 <input type="checkbox"/> Delete	TITLE PD NAME STREET ADDRESS CITY-ST-ZIP	Druscilla Doehrman <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3430 Fort Charles Drive Naples, FL 34102		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD VANMETER, WILLIAM B 3400 FT. CHARLES DR. NAPLES, FL 34102 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE VD NAME STREET ADDRESS CITY-ST-ZIP	Barbara A. Thomas <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3680 Fort Charles Drive Naples, FL 34102		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE TD NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Charles A. Brown 3380 Rum Row Naples, FL 34102		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 exemption stated in Section 119.07(3)(i), 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><i>Druscilla S Doehrman</i></u> Druscilla Doehrman 4/26/05 (239)430-4800 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					