

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 26, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # 717562**

**1. Entity Name  
FORT CHARLES SHORES, INC.**



**Principal Place of Business  
3430 FORT CHARLES DRIVE  
NAPLES, FL 34102 US**

**Mailing Address  
3430 FORT CHARLES DRIVE  
NAPLES, FL 34102 US**



04212006 No Chg-NP CR2E037 (11/05)

**4. FEI Number**  
59-1522429

**Applied For**  
Not Applicable

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**DOEHRMAN, DRUSCILLA  
3430 PORT CHARLES DRIVE  
NAPLES, FL 34102**

**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**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

**9. Election Campaign Financing  
Trust Fund Contribution.** ☐

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

**10. OFFICERS AND DIRECTORS**

**TITLE** VD  
**NAME** THOMAS, BARBARA  
**STREET ADDRESS** 3680 FORT CHARLES DRIVE  
**CITY-ST-ZIP** NAPLES, FL 34102

**TITLE** PD  
**NAME** DOEHRMAN, DRUSCILLA  
**STREET ADDRESS** 3430 FT CHARLES DR  
**CITY-ST-ZIP** NAPLES, FL 34102

**TITLE** TD  
**NAME** BROWN, CHARLES  
**STREET ADDRESS** 3380 RUM ROW  
**CITY-ST-ZIP** NAPLES, FL 34102

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

U00000534428  
05/08/06-80012-012 61.25

**DO NOT WRITE  
IN THIS SPACE**

**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:** Druscilla Doebrman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/21/06 239-430-4800**

Date

Daytime Phone #