

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morhart,  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 729333 (5)**  
1. Corporation Name  
**THE CIVIC ASSOCIATION OF IMPERIAL HARBOR, INC.**



Principal Place of Business: **POST OFFICE BOX 868 BONITA SPRINGS FL 33923**  
Mailing Address: **POST OFFICE BOX 868 BONITA SPRINGS FL 33923**

3. Date Incorporated or Qualified: **04/11/1974**  
3a. Date of Last Report: **03/08/1995**  
4. FEI Number: **23-7437268**  
Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30  
Suite, Apt. #, etc.:  
City & State:  
Zip: Country:

9. Name and Address of Current Registered Agent  
~~RICE, FRANK  
26099 COUNTESS LANE  
BONITA SPRINGS FL 33923~~

10. Name and Address of New Registered Agent  
81 Name: **Joseph Skwiercz, Jr.**  
82 Street Address (P.O. Box Number is Not Acceptable): **26066 Princess Lane**  
83  
84 City: **Bonita Springs, FL** 85 Zip Code: **33923**

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 attest the corporation has registered agent. I am familiar with and accept the obligations of Section 617.0503, Florida Statutes.  
-03/04/96--01098--002  
\*\*\*61.25

SIGNATURE: *Joseph Skwiercz, Jr.*  
Signature typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MORGAN, PEGGY</b>	
STREET ADDRESS	<b>26237 DUCHESS LANE</b>	
CITY-ST-ZIP	<b>BONITA SPRINGS FL</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> DELETE
NAME	<b>SKWIERCZ, JOSEPH</b>	
STREET ADDRESS	<b>26066 PRINCESS LANE</b>	
CITY-ST-ZIP	<b>BONITA SPRINGS FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>PICKRUM, LEE</b>	
STREET ADDRESS	<b>9293 BARON</b>	
CITY-ST-ZIP	<b>BONITA SPRINGS FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>RINGS, NORMAN</b>	
STREET ADDRESS	<b>26220 IMPERIAL HARBOR</b>	
CITY-ST-ZIP	<b>BONITA SPRINGS FL</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>IMMKEN, TONY</b>	
STREET ADDRESS	<b>26260 COLONY ROAD</b>	
CITY-ST-ZIP	<b>BONITA SPRINGS FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>RICE, FRANK</b>	
STREET ADDRESS	<b>26099 COUNTESS LANE</b>	
CITY-ST-ZIP	<b>BONITA SPRINGS FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE	<b>PD</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	<b>Joseph Skwiercz, Jr.</b>		
1.3 STREET ADDRESS	<b>26066 Princess Lane</b>		
1.4 CITY-ST-ZIP	<b>Bonita Springs, FL 33923</b>		
2.1 TITLE	<b>VPD</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	<b>BuFord SITZLAR</b>		
2.3 STREET ADDRESS	<b>26110 KINGS Rd.</b>		
2.4 CITY-ST-ZIP	<b>Bonita Springs, FL 33923</b>		
3.1 TITLE	<b>SD</b>	<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	<b>Lee Pickrum</b>		
3.3 STREET ADDRESS	<b>9293 Baron</b>		
3.4 CITY-ST-ZIP	<b>Bonita Springs, FL 33923</b>		
4.1 TITLE	<b>TD</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.2 NAME	<b>Carol Pottorf</b>		
4.3 STREET ADDRESS	<b>26295 Princess Lane</b>		
4.4 CITY-ST-ZIP	<b>Bonita Springs, FL 33923</b>		
5.1 TITLE	<b>ATD</b>	<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME	<b>Peggy M. Stephenson</b>		
5.3 STREET ADDRESS	<b>26237 Dutchess Lane</b>		
5.4 CITY-ST-ZIP	<b>Bonita Springs, FL 33923</b>		
6.1 TITLE	<b>D</b>	<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME	<b>Norman Rings</b>		
6.3 STREET ADDRESS	<b>26220 Imperial Harbor Blvd</b>		
6.4 CITY-ST-ZIP	<b>Bonita Springs, FL 33923</b>		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Carol Pottorf* 1/25/96 (941)495-1733  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)

8-3-96