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Apr 30 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

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



Principal Place of Business Mailing Address  
POST OFFICE BOX 868 BONITA SPRINGS FL 33923 POST OFFICE BOX 868 BONITA SPRINGS FL 34133-0868

3. Date Incorporated or Qualified 04/11/1974 3a. Date of Last Report 03/03/1996

2. Principal Place of Business 21 2a. Mailing Address 26  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
City & State 22 27  
City & State 23 28  
Zip 24 25 Country 29 30 Country  
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

9. Name and Address of Current Registered Agent  
SKWIERCZ, JOSEPH JR  
28066 PRINCESS LANE  
BONITA SPRINGS FL 33923  
10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when replacing) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SKWIERCZ, JOSEPH JR	1.2 NAME	
STREET ADDRESS	28066 PRINCESS LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS FL 33923	1.4 CITY-ST-ZIP	34135
TITLE	VPO <input checked="" type="checkbox"/> DELETE	2.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SITZLAR, BUFORD	2.2 NAME	RICE, FRANK
STREET ADDRESS	26110 KINGS RD.	2.3 STREET ADDRESS	26099 COUNTESS LN.
CITY-ST-ZIP	BONITA SPRINGS FL 33923	2.4 CITY-ST-ZIP	BONITA SPRINGS FL 34135
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PICKRUM, LEE	3.2 NAME	
STREET ADDRESS	9293 BARON	3.3 STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS FL 33923	3.4 CITY-ST-ZIP	34135
TITLE	TD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	POTTORF, CAROL	4.2 NAME	JONATHAN HUNTINGTON
STREET ADDRESS	26295 PRINCESS LANE	4.3 STREET ADDRESS	26070 PRINCESS LANE
CITY-ST-ZIP	BONITA SPRINGS FL 33923	4.4 CITY-ST-ZIP	BONITA SPRINGS FL 34135
TITLE	ATD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEPHENSON, PEGGY M	5.2 NAME	LEITER, WAYNE
STREET ADDRESS	26237 DUCHESS LANE	5.3 STREET ADDRESS	26079 PRINCESS LANE
CITY-ST-ZIP	BONITA SPRINGS FL 33923	5.4 CITY-ST-ZIP	BONITA SPRINGS FL 34135
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RINGS, NORMAN	6.2 NAME	
STREET ADDRESS	26220 IMPERIAL HARBOR BLVD	6.3 STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS FL 33923	6.4 CITY-ST-ZIP	34135

14. I do 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.

SIGNATURE: \_\_\_\_\_ (941) 947-1934  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR JOSEPH SKWIERCZ JR. - T - 4-10-97 (941) 947-1934  
Date Daytime Phone # 688283

CR2E037 (9/96)