

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 730956

FILED
Mar 21, 2005
Secretary of State

Entity Name: LEHIGH ACRES SPRING FESTIVAL ASSOCIATION, INC.

Current Principal Place of Business:

28 COSMOPOLITAN DR, UNIT 13
LEHIGH ACRES, FL 33936

New Principal Place of Business:

Current Mailing Address:

PO BOX 747
LEHIGH ACRES, FL 33970

New Mailing Address:

FEI Number: 23-7417232

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARTMAN, ERNIE
28 COSMOPOLITAN DR, UNIT 13
LEHIGH, FL 33936 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HARTMAN, ERNIE
Address: 28 COSMOPOLITAN DR, UNIT 13
City-St-Zip: LEHIGH ACRES, FL 33936

Title: VTD () Delete
Name: JACKSON, DEBBIE
Address: 325 ROOSEVELT AVE
City-St-Zip: LEHIGH ACRES, FL 33972

Title: SD () Delete
Name: ADLER, JOAN
Address: 2614 ELVA PL
City-St-Zip: LEHIGH ACRES, FL 33971

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: CULVER, VICKI
Address: 300 EIGHTH AVE.
City-St-Zip: LEHIGH ACRES, FL 33936

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD () Change (X) Addition
Name: JACKSON, DEBBIE
Address: 11026 MILL CREEK WAY #2805
City-St-Zip: FORT MYERS, FL 33913

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBBIE JACKSON

TD

03/21/2005

Electronic Signature of Signing Officer or Director

Date