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

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

736463

(1)

SAN CARLOS PARK CIVIC ASSOCIATION, INC.

Principal Place of Business Mailing Address					
17387 MEADOW LAKE CIRCLE FT MYERS FL 33912 US	17387 MEADOW LAKE CIRCLE FT MYERS FL 33912 US			3. Date Incorporated or Qualified 07/26/1976 4. FEI Number 59-1982628	Applied For
2 Principal Place of Business 21 17381 Maxdow Late Greek	2a. Mailing Address 26 17387 Meadow Las	e Ci	rde	5. Certificate of Status Desired	\$8.75 Additional Fee Required
Suite, Apt. #, etc.	Suite, Apt, #, etc.			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
City & State 23 Ft. Myers, Fl.	City & State  28 Ft, Muers, Fl.		7. Is this nonprofit corporation a homeowner.  Yes		
Zip Country 24 339/2 25 Lee	Zip Cou 29 339/2 30 /	ntry ▶၉၉	٠		Yes No _
9. Name and Address of Current	3	81 Nam		10. Name and Address of New Registered	Agent
NICHOLS, TEXAS 17387 MEADOW LAKE CIRCLE FT MYERS, FL 33912		82 Street Address (P.Ö. Box Number is Not Acceptable) 83			
		84 City		FL	85 Zip Code
<ol> <li>Pursuant to the provisions of Sections 617.0502 office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligation</li> </ol>	and 617.1508, Florida Statutes, the at Florida. Such change was authorized ons of, Section 617.0503, Florida Stat	oove-name i by the cutes.	orporation	ration submits this statement for the purpose of n's board of directors. I hereby accept the app	changing its registered contrnent as registered

1.	. 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 Flonda. Such change was authorized by the corporation's board of directors, I hereby accept the appointment as registered
	agent. Lam familiar with, and accept the obligations of Section 617,0503. Florida Statutes.
	NATURE TOXAS L. Nichols Transliver Stages & Michals

SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE, R	egistered Agent signature	re required when reinstating) DATE
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12, N
TITLE	VD L-DELE	TE	1.1 TITLE .	P. D. Change Addition
NAME	NICHOLS, RICHARD		1.2 NAME	Martin Thirt Rd
STREET ADDRESS	17376 DUQUESNE RD		1.3 STREET ADDRESS	Martin Philip Martin Philip 7236 Myrtle Rd
CtTY-ST-ZIP	FT MYERS FL		1.4 CITY-ST-ZIP	Ft. Myers F1.33912
TITLE	PD LA TOELE	TE	2.1 TITLE	5. D. Change Addition
NAME	Martin, Philip		2.2 NAME	Mercer, Robert Rd. 19001 Cocon wt Rd.
STREET ADDRESS	7236 MYRTLE RD	j	2.3 STREET ADDRESS	19001 GOBOHWI KA
CITY-ST-ZIP	FT MYERS, FL 00000		2. 4 CITY-ST-ZIP	Ft. Myers, F/1839/2 / 18
TITLE	VD DELE	TE	3.1 TITLE	Change Addition
NAME	BOGNER, BERNHARD		3.2 NAME	Nichols, Richard Late Circles
STREET ADDRESS	18246 LOWE DR		3.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS, FL 00000		3.4. CITY-ST-ZIP	Ft: Myers, F1. 33912 N
TITLE	TD DELE	TE	4.1 TITLE	Change Audition
NAME	MCGLASHAN, MILDRED		4. 2 NAME	Nichols Texas 17387 Meadow Lake Circle
STREET ADDRESS	18517 MIAMI BLVD SE		4.3 STREET ADDRESS	17387 M. 20000 Barre VII CI
CITY-ST-ZIP	FT MYERS, FL 00000_		4.4 CITY-ST-ZIP	Ft. Muers, F/. 339/2 1
TITLE	DELE	TE	5,1 TITLE	ehange Addition
NAME			5.2 NAME	- NO
STREET ADDRESS			5.3 STREET ADDRESS	
CITY - ST - ZIP			5.4 CITY-ST-ZIP	
TITLE	DELE	TE	6.1 TITLE	Change Addition
NAME			6.2 NAME	
STREET ADDRESS		i	6.3 STREET ADDRESS	
1 1			l	

14. I hereby certify that the information supplied with this filling 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:

SIGNATURE REQUIRED

**FILED** 

Feb 02 1998 8:00am

Secretary of State