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Feb 18 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **738992** (7)

1. Corporation Name

**RUSSELL PARK CIVIC ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**280 MIRAMAR RD.  
FT. MYERS FL 33905**

**280 MIRAMAR RD.  
FT. MYERS FL 33905**

3. Date Incorporated or Qualified

**05/10/1977**

4. FEI Number

**59-2355842**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc.

**26** Suite, Apt. #, etc.

**22** City & State

**27** City & State

**23** Zip

Country

**28** Zip

Country

**24**

**25**

**29**

**30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

owed

**VAUGHT, DOUGLAS  
250 GRANADA BLVD.  
FT. MYERS FL 33905**

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>VAUGHN, MARTHA</b>	
STREET ADDRESS	<b>226 DEL RAY AVE.</b>	
CITY-ST-ZIP	<b>FT. MYERS FL</b>	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>DAVIS, BILL</b>	
STREET ADDRESS	<b>310 CAROLWAY</b>	
CITY-ST-ZIP	<b>FT MYERS FL</b>	

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>VAUGHT, DOUGLAS</b>	
STREET ADDRESS	<b>250 GRANADA BLVD.</b>	
CITY-ST-ZIP	<b>FT. MYERS FL</b>	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>LAVRACK, KEVIN</b>	
STREET ADDRESS	<b>221 LAGOON DR. S.E</b>	
CITY-ST-ZIP	<b>FT. MYERS FL</b>	

TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>LAWSON, RACHEL</b>	
STREET ADDRESS	<b>270 GRANADA BLVD</b>	
CITY-ST-ZIP	<b>FT MYERS FL</b>	

TITLE	<b>VPD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BOYCE, KEN</b>	
STREET ADDRESS	<b>4830 RIVERSIDE DRIVE</b>	
CITY-ST-ZIP	<b>FT. MYERS FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Svaglic, Debra</b>	
1.3 STREET ADDRESS	<b>221 Granada Blvd.</b>	
1.4 CITY-ST-ZIP	<b>Ft. Myers, FL 33905</b>	

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE	<b>Vice President/Director</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>Crissman, Lou</b>	
6.3 STREET ADDRESS	<b>418 Bellair Rd.</b>	
6.4 CITY-ST-ZIP	<b>Ft. Myers, FL 33905</b>	

14. I 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:

SIGNATURE OF REGISTERED AGENT OR DIRECTOR

2-4-98

941-332-3777

CR2E037 (10/97)