2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#738992

FILED Feb 07, 2004 Secretary of State

Entity Name: RUSSELL PARK CIVIC ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 290 MIRAMAR RD. FT. MYERS, FL 33905 **Current Mailing Address: New Mailing Address:** 290 MIRAMAR RD FT. MYERS, FL 33905 FEI Number: 59-2355842 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FOWLER, JIM FOWLER, JIM 290 MIRAMAR RD 290 MIRAMAR ROAD FORT MYERS, FL 33905 US US FORT MYERS, FL 33905 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: 02/07/2004 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete YOUNG, CHESTER Name: Name: Address: 227 DELRAY AVE. Address: City-St-Zip: FORT MYERS, FL 33905 City-St-Zip: Title: Title: () Delete () Change () Addition Name: FOWLER, JIM Name: Address: 244 LAGOON DRIVE Address: City-St-Zip: FORT MYERS, FL 33905 City-St-Zip: Title: () Delete Title: () Change () Addition STARKS, CHARLES DR Name: Name: 211 KINGSTON DR Address: Address: City-St-Zip: FORT MYERS, FL 33905 City-St-Zip: Title: () Delete Title: (X) Change () Addition Name: THORN, JOYCE Name: NOEL, VANDIVER 234 LABELLE AVE. 157 LAGOON DRIVE Address: Address: City-St-Zip: FT. MYERS, FL 33905 City-St-Zip: FT. MYERS, FL 33905 Title: () Delete Title: () Change () Addition NORMA, JELL Name: Name: 137 LAGOON DR Address: Address: City-St-Zip: FORT MYERS, FL 33905 City-St-Zip: Title: () Delete Title: () Change () Addition BLAIR, LENARD Name: Name: Address: 221 KINGSTON DR. Address: FORT MYERS, FL 33905 City-St-Zip: City-St-Zip:

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: JIM FOWLER P 02/07/2004