2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 27, 2005 8:00 am
Secretary of State
07-27-2005 90045 048 ****61.25

DOCUMENT # 738992

1. Entity Name
RUSSELL PARK CIVIC ASSOCIATION, INC.

Principal Place of Business	Mailing Address
290 MIRAMAR RD. FT. MYERS, FL 33905	290 MIRAMAR RD. FT. MYERS, FL 33905

DO NOT WRITE IN THIS SPACE

07192005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-2355842

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FOWLER, JIM
290 MIRAMAR ROAD
FORT MYERS, FL 33905

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when changing agent.)

Filing Fee is $61.25
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	YOUNG, CHESTER
STREET ADDRESS	227 DELRAY AVE.
CITY-ST-ZIP	FORT MYERS, FL 33905
TITLE	P
NAME	FOWLER, JIM
STREET ADDRESS	244 LAGOON DRIVE
CITY-ST-ZIP	FORT MYERS, FL 33905
TITLE	D
NAME	STARKS, CHARLES DR
STREET ADDRESS	211 KINGSTON DR
CITY-ST-ZIP	FORT MYERS, FL 33905
TITLE	D
NAME	NOEL, VANDIVER
STREET ADDRESS	157 LAGOON DRIVE
CITY-ST-ZIP	FT. MYERS, FL 33905
TITLE	ST
NAME	NORMA, JELL
STREET ADDRESS	137 LAGOON DR
CITY-ST-ZIP	FORT MYERS, FL 33905
TITLE	D
NAME	BLAIR, LENARD
STREET ADDRESS	221 KINGSTON DR.
CITY-ST-ZIP	FORT MYERS, FL 33905

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert Kimball 7/22/05
SIGNATURE AND TYPED OR PRINTED NAME OF ENTERING OFFICER OR DIRECTOR — DATE — Daytime Phone #