


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 22, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 738992</b> 1. Entity Name RUSSELL PARK CIVIC ASSOCIATION, INC.	
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Principal Place of Business 290 MIRAMAR RD. FT. MYERS, FL 33905	Mailing Address 290 MIRAMAR RD. FT. MYERS, FL 33905
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07272007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2355842	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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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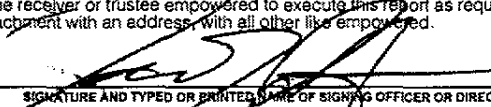
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>
DATE <u>08/22/07-80005-013 61 25</u>

Filing Fee is \$61.25 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V YOUNG, CHESTER 227 DELRAY AVE. FORT MYERS, FL 33905
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FOWLER, JIM 244 LAGOON DRIVE FORT MYERS, FL 33905
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STARKS, CHARLES DR 211 KINGSTON DR FORT MYERS, FL 33905
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S OWENS, SIGRID 4907 CYPRESS LANE FORT MYERS, FL 33905
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KIMBRELL, ROBERT 4562 E RIVERSIDE DR FORT MYERS, FL 33905
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLAIR, LENARD 221 KINGSTON DR. FORT MYERS, FL 33905

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <u>8/14/2007</u> Daytime Phone # _____