2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

May 23, 2008 8:00 am Secretary of State **DOCUMENT #738992** 05-23-2008 90017 021 ****61.25 RUSSELL PARK CIVIC ASSOCIATION, INC. Principal Place of Business Mailing Address 40104463 290 MIRAMAR RD. 290 MIRAMAR RD. FT. MYERS, FL 33905 FT. MYERS, FL 33905 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05202008 Chg-NP CR2E037 (12/06) 4. FEI Number 59-2355842 City & State City & State Applied For Not Applicable Zip Country Zìp Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent Name and Address of New Registered Agent FOWLER, JIM 290 MIRAMAR ROAD Street Address FORT MYERS, FL 33905 8. The above named entity submits this statement for the purpose of changing its registered office or registered at ent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered SIGNATURE Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution Due by September 12, 2008 Florida Department of State Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME YOUNG, CHESTER NAME 227 DELRAY AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT MYERS, FL 33905 CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change Addition NAME FOWLER, JIM NAME 244 LAGOON DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT MYERS, FL 33905 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition STARKS, CHARLES DR NAME STREET ADDRESS 211 KINGSTON DR STREET ADDRESS CITY-ST-ZIP FORT MYERS, FL 33905 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition OWENS, SIGRID NAME NAME 4907 CYPRESS LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT MYERS, FL 33905 CITY - ST - ZIP TITLE Delete ☐ Change ☐ Addition NAME KIMBRELL, ROBERT NAME 4562 E RIVERSIDE DR STREET ADDRESS STREET ADDRESS FORT MYERS, FL 33905 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME BLAIR, LENARD NAME 221 KINGSTON DR. STREET ADDRESS STREET ADDRESS FORT MYERS, FL 33905 CITY-ST-ZIP CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. Hurther 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 addless with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED