

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 742015

**FILED**  
**May 02, 2012**  
**Secretary of State**

**Entity Name:** FLORIDA MOSQUITO ASSOCIATION, INC.

**Current Principal Place of Business:**

15191 HOMESTEAD ROAD  
FORT MYERS, FL 33971 US

**New Principal Place of Business:**

**Current Mailing Address:**

8915 BANYAN COVE CIRCLE  
FORT MYERS, FL 33919 US

**New Mailing Address:**

**FEI Number:** 59-1819301

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

REDOVAN, SHELLY  
8915 BANYAN COVE CIRCLE  
FORT MYERS, FL 33919 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: O  
Name: BETTS, ROBERT  
Address: 611 HWY 297-A  
City-St-Zip: CANTONMENT, FL 32533 US

Title: O  
Name: HRIBAR, LARRY  
Address: 5224 COLLEGE RD  
City-St-Zip: KEY WEST, FL 33040 US

Title: O  
Name: CONNELLY, ROXANNE  
Address: 200 9TH ST, SE  
City-St-Zip: VERO BEACH, FL 32960 US

Title: D  
Name: REDOVAN, SHELLY  
Address: 15191 HOMESTEAD RD  
City-St-Zip: LEHIGH ACRES, FL 33971 US

Title: O  
Name: WILKINSON, NEIL  
Address: 15191 HOMESTEAD ROAD  
City-St-Zip: LEHIGH ACRES, FL 33971 US

I hereby 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 all other like empowered.

**SIGNATURE:** SHELLY S. REDOVAN

EX D

05/02/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date