

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 02, 2004 8:00 am
Secretary of State

09-02-2004 90072 035 ****61.25

DOCUMENT # 745975

1. Entity Name
DUNBAR IMPROVEMENT ASSOCIATION, INC.



Principal Place of Business
**3510 MARTIN LUTHER KING BLVD.
FT. MYERS, FL 33916**

Mailing Address
**P.O. BOX 11496
IAV, FL 32239 US**



2. Principal Place of Business

3. Mailing Address

P.O. Box 990

Suite, Apt. #, etc.

Suite, Apt. #, etc.

08032004

Chg-NP

CR2E037 (10/03)

City & State

City & State
Fort Myers Florida

4. FEI Number
59-1960272

Applied For
Not Applicable

Zip

Country

Zip

Country

33902

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KNEE, RONALD
320 ARLINGTON RD N
JACKSONVILLE, FL 32211**

Name **Pat McCutcheon**

Street Address (P.O. Box Number is Not Acceptable)
3510 Martin Luther King Blvd

City **Fort Myers**

FL

Zip Code
33916

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

Pat McCutcheon ✓ *Pat McCutcheon 8/10/04*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **SHOEMAKER, VERONICA S.**
STREET ADDRESS **3054 MANGO ST.**
CITY-ST-ZIP **FORT MYERS, FL**

TITLE **SD** ☐ Delete
NAME **MORGAN, MELVIN MRS.**
STREET ADDRESS **2196 PAULO ST.**
CITY-ST-ZIP **FORT MYERS, FL**

TITLE **D** ☐ Delete
NAME **MCCUTCHEON, MACK "PAT"**
STREET ADDRESS **2633 LAFAYETTE ST**
CITY-ST-ZIP **FORT MYERS, FL**

TITLE **DT** ☐ Delete
NAME **SIMMS, NANCY**
STREET ADDRESS **3130 ST CHARLES ST**
CITY-ST-ZIP **FORT MYERS, FL**

TITLE **D** ☐ Delete
NAME **YOUNG, MATTIE**
STREET ADDRESS **3511-B ANDERSON AVE**
CITY-ST-ZIP **FORT MYERS, FL**

TITLE **D** ☐ Delete
NAME **ANDERSON, AUDREA**
STREET ADDRESS **1766 MARILYN ROAD**
CITY-ST-ZIP **FORT MYERS, FL**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Pat McCutcheon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/10/2004

Date

Daytime Phone #