

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2007 8:00 am
Secretary of State

04-11-2007 90028 034 ****61.25

DOCUMENT # 755643 1. Entity Name SUNDOWN PATROL OF LEE COUNTY, INC.					
Principal Place of Business PAGE FIELD AVIATION CENTER PAGE FIELD FT MYERS, FL 33907			Mailing Address PO BOX 1107 CAPE CORAL, FL 33910		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LEAMER, EARL 12100 MOSS DR FORT MYERS, FL 33908				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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: <u><i>Earl R. Leamer</i></u> Earl R. Leamer Treasurer 4/9/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEINBERG, MARK		NAME	Dorell DeVore	
STREET ADDRESS	3021 SE 22ND PL		STREET ADDRESS	5474 Governors Dr.	
CITY-ST-ZIP	CAPE CORAL, FL 33904		CITY-ST-ZIP	Ft. Myers, FL 33907	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLAR, MARK		NAME	Don Gutzwiller	
STREET ADDRESS	3427 VIA TORCIDA		STREET ADDRESS	10537 Wme Palm Rd.	
CITY-ST-ZIP	FORT MYERS, FL 33901		CITY-ST-ZIP	Ft. Myers, FL 33912	
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEMEAR, EARL		NAME		
STREET ADDRESS	12100 MOSS DR		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS, FL 33908		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP			CITY-ST-ZIP		
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: <u><i>Earl R. Leamer</i></u> Earl R. Leamer Treasurer 4/9/07 941-2860423 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

40000011



03162007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2068019

Applied For
Not Applicable

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

FL

4/9/07
DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

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

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STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dorell DeVore	
STREET ADDRESS	5474 Governors Dr.	
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SIGNATURE: *Earl R. Leamer* **Earl R. Leamer Treasurer** 4/9/07 941-2860423
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #