

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90081 005 ****61.25

DOCUMENT # 756954

1. Entity Name

MATLACHA CIVIC ASSOCIATION, INC.



Principal Place of Business

P. O. BOX 521
MATLACHA PARK MATLACHA FL 33993
US

Mailing Address

P. O. BOX 521
MATLACHA PARK MATLACHA FL 33993
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E037 (10/04)

4. FEI Number

65-0099853

Applied For

Not Applicable

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

DENSLEY, L. KENT
12123 MOON SHELL DRIVE
MATLACHA ISLES FL 33991

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **LABONTE, SUE**
CITY-ST-ZIP **42199 STAR SHELL DR**
MATLACHA FL 33991

TITLE ☒ Change ☐ Addition
NAME **President**
STREET ADDRESS **Gary Walker**
CITY-ST-ZIP **P.O. Box 334**
Pineeland, FL 33945

TITLE ☐ Delete
NAME **V**
STREET ADDRESS **SCIPLE, SARAH**
CITY-ST-ZIP **11635 ISLAND AVENUE**
MATLACHA FL 33993

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

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **LOIBL, DONNA**
CITY-ST-ZIP **11635 ISLAND AVE**
MATLACHA FL 33993

TITLE ☒ Change ☐ Addition
NAME **Secretary**
STREET ADDRESS **Sue LaBonte**
CITY-ST-ZIP **42199 Star Shell Dr.**
Matlacha, FL 33991

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **DENSLEY, L. KENT**
CITY-ST-ZIP **12123 MOON SHELL DR.**
MATLACHA ISLES FL 33991

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

L. Kent Densley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

16 Feb 2005

Date

739-872-8587

Daytime Phone #