

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 20, 2004 8:00 am**  
**Secretary of State**

02-20-2004 90004 006 \*\*\*\*61.25

**DOCUMENT # 761503**

1. Entity Name  
**HUMAN RESOURCE MANAGEMENT ASSOCIATION OF  
SOUTHWEST FLORIDA, INC.**



Principal Place of Business  
**1715 MONROE ST  
FORT MYERS, FL 33901 US**

Mailing Address  
**PO BOX 280  
FORT MYERS, FL 33902 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02182004 Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-1620330**

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

**VLASAK-SNELL, MARY  
1833 HENDRY ST  
FORT MYERS, FL 33901**

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

T ☐ Delete  
NAME **BRYSON, MARTHA**  
STREET ADDRESS **11000 EVERBLADES LKWY**  
CITY-ST-ZIP **ESTERO, FL 33928**

T ☒ Change ☐ Addition  
NAME **Bryson, Martha**  
STREET ADDRESS **9470 Healthpark Circle**  
CITY-ST-ZIP **Ft Myers, FL 33908**

D ☐ Delete  
NAME **SPROAT, VICKI**  
STREET ADDRESS **1715 MONROE STREET**  
CITY-ST-ZIP **FORT MYERS, FL 33901**

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

D ☐ Delete  
NAME **JUNTIKKA, STEVE**  
STREET ADDRESS **19361 PINE GLEN DRIVE**  
CITY-ST-ZIP **FORT MYERS, FL 33912**

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

V ☐ Delete  
NAME **ETHERIDGE, BONNIE**  
STREET ADDRESS **8099 COLLEGE PKWY**  
CITY-ST-ZIP **FORT MYERS, FL 33919**

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

VPM ☐ Delete  
NAME **FAIRFAX, PAMELA**  
STREET ADDRESS **P O BOX 60210**  
CITY-ST-ZIP **FT MYERS, FL 33906**

☒ Change ☐ Addition  
NAME **Past President**  
STREET ADDRESS  
CITY-ST-ZIP

T ☐ Delete  
NAME **LASHEY, JOANNE**  
STREET ADDRESS **1715 MONROE ST.**  
CITY-ST-ZIP **FORT MYERS, FL 33901**

☒ Change ☐ Addition  
NAME **President**  
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:** *Martha Y Bryson* **Martha Y Bryson**

*2/18/04*  
Date

*239.469.9194*  
Daytime Phone #

*Attachment*

**2004 Not for Profit Corporation Annual Report**

*# 761503*  
*54008996*

**11. Additions to Officers and Directors in 10**

D

Madeline Rebar  
10501 FGCU Boulevard South  
Ft. Myers, FL 33965-6565

S

Peggy Taylor  
9990 Coconut Road  
Bonita Springs, FL 34135

V

Shannon McDonald  
1685 Medical Lane  
Ft. Myers, FL 33907

D

Dina Clark  
8891 Timber Wilde Drive  
Bonita Springs, FL 34135