


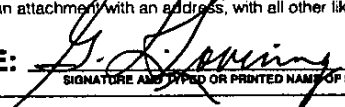


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2005 8:00 am
Secretary of State

03-16-2005 90050 028 ****61.25

DOCUMENT # 768835 1. Entity Name POINSETTIA PARK SOCIAL CLUB, INC.					
Principal Place of Business 4701 BALLARD RD. FORT MYERS, FL 33905			Mailing Address 4701 BALLARD RD. FORT MYERS, FL 33905 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 59-2432737				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GILL, BRENDA 50 POINSETTIA DR FORT MYERS, FL 33905			7. Name and Address of New Registered Agent Name <u>PAT MEES</u> Street Address (P.O. Box Number is Not Acceptable) <u>190 DOMINGO DRIVE</u> City <u>FORT MYERS</u> FL Zip Code <u>33905</u>		
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>PAT MEES</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small> <u>TREASURER</u>		 <small>(NOTE: Registered Agent signature required when reinstating)</small>		<u>3-11-05</u> <small>DATE</small>	
Filing Fee is \$61.25 Due by May 1, 2005		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 NAME STREET ADDRESS CITY-ST-ZIP	PD MCNAMARA, JAMES 127 GRANADA STREET FORT MYERS, FL 33905	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DALE LOVERING 64 HACIENDA BLVD FT. MYERS, FL 33905
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BROWN, DIANE 286 EDUARDO AVE FORT MYERS, FL 33905	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S INEZ KADWELL 18 POINSETTIA DRIVE S FORT MYERS, FL 33905
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GILL, BRENDA 50 POINSETTIA DR FORT MYERS, FL 33905	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PAT MEES 190 DOMINGO DRIVE FT. MYERS, FL 33905
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PP WISE, CHARLES 107 E POINSETTIA DR FORT MYERS, FL 33905	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PP MCNAMARA, JAMES 127 GRANADA STREET FORT MYERS, FL 33905
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CERQUEIRA, JOE 203 DOMINGO DR FORT MYERS, FL 33905	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			March 11, 2005 239-694-5355 <small>Date Daytime Phone #</small>		