

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90054 034 ****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

3. Mailing Address

01062006 Chg-NP CR2E037 (11/05)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-2432737

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

**GILL, BRENDA
50 POINSETTIA DR
FORT MYERS, FL 33905**

Name **LOVERING, DALE**

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

City **FORT MYERS** **FL** Zip Code **33905**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Jan. 16, 2006

**Filing Fee is \$61.25
Due by May 1, 2006**

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 **LOVERING, DALE**
STREET ADDRESS **64 HACIENDA BLVD**
CITY-ST-ZIP **FORT MYERS, FL 33905**

TITLE S ☐ Delete
NAME **KADWELL, INEZ**
STREET ADDRESS **18 POINSETTIA DRIVE S**
CITY-ST-ZIP **FORT MYERS, FL 33905**

TITLE T ☐ Delete
NAME **MEEKS, PAT**
STREET ADDRESS **190 DOMINO DRIVE**
CITY-ST-ZIP **FORT MYERS, FL 33905**

TITLE PP ☐ Delete
NAME **MCMAMARA, JAMES**
STREET ADDRESS **127 GRANADA STREET**
CITY-ST-ZIP **FORT MYERS, FL 33905**

TITLE VPD ☒ Delete
NAME **CERQUEIRA, JOE**
STREET ADDRESS **203 DOMINGO DR**
CITY-ST-ZIP **FORT MYERS, FL 33905**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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

TITLE ☒ Change ☐ Addition
NAME **VPD MARTHA SMITH**
STREET ADDRESS **275 POINSETTIA DR W**
CITY-ST-ZIP **FORT MYERS, FL 33905**

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 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: *G. Lovering* **G. DALE LOVERING** *Jan. 16/06* **239-690-**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #