

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90286 013 ****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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2432737**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**BOUDREAU, CLAIRE L
213 NORTH POINSETTIA DRIVE
FORT MYERS FL 33905**

Name **BRENDA GILL**
Street Address (P.O. Box Number is Not Acceptable)
50 POINSETTIA DR
FORT MYERS
City **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 *Brenda Gill* **BRENDA GILL**

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

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 **PD** ☒ Delete
NAME **WISE, CHARLES**
STREET ADDRESS **107 E POINSETTIA DR**
CITY-ST-ZIP **FORT MYERS FL 33905**

TITLE **PD** ☒ Change ☒ Addition
NAME **JAMES MCNAMARA**
STREET ADDRESS **127 GRANADA STREET**
CITY-ST-ZIP **FORT MYERS FL 33905**

TITLE **VPD** ☒ Delete
NAME **SUNNIVAN, JOANNE**
STREET ADDRESS **195 DOMINGO DR**
CITY-ST-ZIP **FORT MYERS FL 33905**

TITLE **VPD** ☒ Change ☒ Addition
NAME **GERRY SILVIA**
STREET ADDRESS **59 HACIENDA BLVD**
CITY-ST-ZIP **FORT MYERS FL 33905**

TITLE **S** ☒ Delete
NAME **WALLACE, PATRICIA**
STREET ADDRESS **178 LA PLAZA AVENUE**
CITY-ST-ZIP **FORT MYERS FL 33905**

TITLE **S** ☒ Change ☐ Addition
NAME **DIANE BROWN**
STREET ADDRESS **286 EDUARDO AVE**
CITY-ST-ZIP **FORT MYERS FL 33905**

TITLE **T** ☒ Delete
NAME **BOUDREAU, CLAIRE L**
STREET ADDRESS **213 NORTH POINSETTIA DRIVE**
CITY-ST-ZIP **FT MYERS FL 33905**

TITLE **T** ☒ Change ☐ Addition
NAME **BRENDA GILL**
STREET ADDRESS **50 POINSETTIA DR**
CITY-ST-ZIP **FORT MYERS FL 33905**

TITLE **D** ☒ Delete
NAME **MALEUG, PATRICIA**
STREET ADDRESS **111 E. POINSETTIA DR**
CITY-ST-ZIP **FORT MYERS FL 33905**

TITLE **PP** ☒ Change ☒ Addition
NAME **CHARLES WISE**
STREET ADDRESS **107 E POINSETTIA DR**
CITY-ST-ZIP **FORT MYERS FL 33905**

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: **SIGNATURE REQUIRED** *Brenda Gill* **Brenda Gill** *Jan 29/03* **239-693-**

CR2E037 (10/02)