

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90313 007 ***150.00

DOCUMENT # M65775

1. Entity Name
PHASE II OF FORT MYERS BEACH, INC.



Principal Place of Business
280 FAIRWEATHER LANE
FORT MYERS BEACH, FL 33931

Mailing Address
15490 COPRA LANE
FORT MYERS, FL 33908



04262004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0038391

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

GRIDLEY, DOROTHY
15490 COPRA LANE
FT. MYERS, FL 33908

**DO NOT WRITE
IN THIS SPACE**

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 \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	S
NAME	GRIDLEY, DOROTHY
STREET ADDRESS	15490 COPRA LANE
CITY-ST-ZIP	FT. MYERS, FL
TITLE	P
NAME	CHURCHILL, SUSAN
STREET ADDRESS	280 FAIRWEATHER LANE
CITY-ST-ZIP	FORT MYERS BEACH, FL 33931
TITLE	VP
NAME	DOWNEY, M. DORIS
STREET ADDRESS	6532 CONVERSE ST.
CITY-ST-ZIP	FORT MYERS, FL 33919
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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 607, 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: Dorothy Gridley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOROTHY GRIDLEY
SECRETARY

4/26/04 239-466-4198
Date Daytime Phone #