

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

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

02-03-2003 90042 044 ****61.25

DOCUMENT # N01000000510

1. Entity Name
THE FILIPINO-AMERICAN ASSOCIATION OF LEE COUNTY, INC.



Principal Place of Business
**522 SE 47TH TER.
CAPE CORAL FL 33904**

Mailing Address
**12880 S. CLEVELAND AVE. PMB 233
FT. MYERS FL 33907**

2. Principal Place of Business

3. Mailing Address
522 SE 47TH TERRACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
CAPE CORAL, FL

4. FEI Number **65-1050222**

Applied For
Not Applicable

Zip

Country

Zip
33904

Country
US

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**HAMILTON, MICHAEL T
1408 SE 37TH ST.
CAPE CORAL FL 33904**

7. Name and Address of New Registered Agent

Name **ROBERTSON, NOEL K.**

Street Address (P.O. Box Number is Not Acceptable)
108 SW 38TH PLACE

City **CAPE CORAL** **FL** Zip Code **33991**

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 *Noel K. Robertson*

NOEL K. ROBERTSON, PRESIDENT

1-28-03

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

(NOTE: Registered Agent signature required when registering)

DATE

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

None Check payable to
Secretary of State

10. OFFICERS AND DIRECTORS

TITLE **PD** ☒ Delete
NAME **HAMILTON, MICHAEL T**
STREET ADDRESS **1408 SE 37TH ST.**
CITY-ST-ZIP **CAPE CORAL FL 33904**

TITLE **D** ☐ Delete
NAME **JAVIER-THEOPISTOS, ZENaida**
STREET ADDRESS **4403 SE 20TH PLACE**
CITY-ST-ZIP **CAPE CORAL FL 33904**

TITLE **D** ☒ Delete
NAME **ROBERTSON, KEN**
STREET ADDRESS **108 SW 38TH PL**
CITY-ST-ZIP **CAPE CORAL FL 33901**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☒ Change ☐ Addition
NAME **ROBERTSON, NOEL K.**
STREET ADDRESS **108 SW 38th PLACE**
CITY-ST-ZIP **CAPE CORAL, FL 33991 US**

TITLE ☐ Change ☒ Addition
NAME **PUBLIC RELATIONS OFF**
STREET ADDRESS **BATTISTA, MARCELLE**
CITY-ST-ZIP **3507 COLONY COURT
CAPE CORAL, FL 33904 US**

TITLE **D** ☐ Change ☒ Addition
NAME **HAMOY, ALICE M.D.**
STREET ADDRESS **12359 ANGLERS COVE**
CITY-ST-ZIP **FORT MYERS, FL 33908 US**

TITLE **D** ☐ Change ☒ Addition
NAME **ALINEA, AUGUSTO M.D.**
STREET ADDRESS **4905 SW 10TH AVENUE**
CITY-ST-ZIP **CAPE CORAL, FL 33914 US**

TITLE **D** ☐ Change ☒ Addition
NAME **ANDRES, BOBBY**
STREET ADDRESS **1114 SE 22ND TERRACE**
CITY-ST-ZIP **CAPE CORAL, FL 33990 US**

TITLE **D** ☐ Change ☒ Addition
NAME **GAMBOA, SPENCER**
STREET ADDRESS **8151 MOYER LANE**
CITY-ST-ZIP **BOKEELIA, FL 33922 US**

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 checked or in an attachment with an attached affidavit.

SIGNATURE *Noel K. Robertson*

NOEL K. ROBERTSON, PRESIDENT, 1-28-03 239-283-

0495

Attachment

30028957
No1000000510

BLOCK 11 (CONTINUED) - ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN BLOCK 10

TITLE: D
NAME: GAVIN, JERRY
STREET ADDRESS: 5228 DEL PRADO BOULEVARD
CITY, STATE, ZIP: CAPE CORAL, FL 33904, US

TITLE: D
NAME: TAN, CORA M.D.
STREET ADDRESS: 12651 ALLENDALE CIRCLE
CITY, STATE, ZIP: FORT MYERS, FL 33912, US

TITLE: S
NAME: DINO, MARIA CECIL
STREET ADDRESS: 315 SW 17TH STREET
CITY, STATE, ZIP: CAPE CORAL, FL 33990, US

TITLE: T
NAME: PATEL, ZENY
STREET ADDRESS: 3714 SE 3RD AVENUE
CITY, STATE, ZIP: CAPE CORAL, FL 33904, US

TITLE: AUDITOR
NAME: ROVNAK, MICHAEL
STREET ADDRESS: 6708 WILLOW LAKE CIRCLE
CITY, STATE, ZIP: FORT MYERS, FL 33912, US