

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 04, 2006 08:00 AM
Secretary of State

DOCUMENT # N02000007023 1. Entity Name FRIENDS OF CAYO COSTA, INC.					
Principal Place of Business 14027 LA COSTA DRIVE FT MYERS FL 33924			Mailing Address P.O. BOX 475 PINELAND FL 33945		
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 86-1056504 ☐ Applied For ☐ Not Applied	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				1st MOORE CR2E037 (10/05)	
6. Name and Address of Current Registered Agent TRESCOTT, BARBARA M 421 NORWOOD COURT FORT MYERS FL 33919				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 	
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 \$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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Add		
NAME	SELLARS, CAROL L	NAME	U00000491665		
STREET ADDRESS	PO BOX 66	STREET ADDRESS	04/19/06-80033-002 61.25		
CITY-ST-ZIP	BOKEELIA FL 33922	CITY-ST-ZIP	☐ Change ☐ Add		
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Add		
NAME	FAUST, PAUL	NAME	☐ Change ☐ Add		
STREET ADDRESS	26 GRANTWOOD LANE	STREET ADDRESS	☐ Change ☐ Add		
CITY-ST-ZIP	ST LOUIS MO 03123	CITY-ST-ZIP	☐ Change ☐ Add		
TITLE	DP ☐ Delete	TITLE	☐ Change ☐ Add		
NAME	TRESCOTT, DANIEL L	NAME	☐ Change ☐ Add		
STREET ADDRESS	421 NORWOOD COURT	STREET ADDRESS	☐ Change ☐ Add		
CITY-ST-ZIP	FORT MYERS FL 33919	CITY-ST-ZIP	☐ Change ☐ Add		
TITLE	DVTS ☐ Delete	TITLE	☐ Change ☐ Add		
NAME	TRESCOTT, BARBARA M	NAME	☐ Change ☐ Add		
STREET ADDRESS	421 NORWOOD COURT	STREET ADDRESS	☐ Change ☐ Add		
CITY-ST-ZIP	FORT MYERS FL 33919	CITY-ST-ZIP	☐ Change ☐ Add		
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Add		
NAME	DAGGETT, DENISE	NAME	☐ Change ☐ Add		
STREET ADDRESS	P.O. BOX 852	STREET ADDRESS	☐ Change ☐ Add		
CITY-ST-ZIP	FORT MYERS FL 33919	CITY-ST-ZIP	☐ Change ☐ Add		
TITLE	☐ Delete	TITLE	☐ Change ☐ Add		
NAME		NAME	☐ Change ☐ Add		
STREET ADDRESS		STREET ADDRESS	☐ Change ☐ Add		
CITY-ST-ZIP		CITY-ST-ZIP	☐ Change ☐ Add		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Barbara M. Trescott* 3/30/06 (239) 936 5652