


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90268 036 \*\*\*\*61.25

<b>DOCUMENT # N03000006862</b> 1. Entity Name <b>SAN CARLOS PARK CIVIC ASSOCIATION, INC.</b>					
Principal Place of Business <b>SAN CARLOS PARK COMMUNIT BLD.</b> <b>FORT MYERS FL 33912</b> <b>US</b> <i>San Carlos Community Center</i>			Mailing Address <b>PO BOX 510</b> <b>ESTERO FL 33928</b> <b>US</b> <i>P.O. Box 510</i>		
2. Principal Place of Business <i>Lee Road</i>		3. Mailing Address <i>P.O. Box 510</i>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <i>Ft. Myers, Fl.</i>		City & State <i>Estero Fl.</i>		4. FEI Number <b>59-1982628</b>	
Zip <b>33912</b>		Country <i>Lee</i>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>33928</b>		Country <i>Lee</i>		6. Name and Address of Current Registered Agent <b>MARTIN, RHONDA</b> <b>7237 MYRTLE RD</b> <b>FT MYERS FL 33912</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"><b>FL</b> Zip Code</div>		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 <i>Rhonda H. Martin</i> <span style="float: right;">DATE <i>April 5, 2005</i></span> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make Check Payable to</b> <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BOGNER, TOM 18246 LOWE DRIVE FT MYERS FL 33912	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Mark Fedigan 18690 Sarasota Rd Ft. Myers, Fl. 33912		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HUMMEL, TED 8140 SANDPIPER ROAD FT MYERS FL 33912	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice Pres. Tom Bogner 18246 Lowe Dr. Ft. Myers, Fl. 33912		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC ANDERSEN, DEBORAH 18690 SARASOTA ROAD FT MYERS FL 33912	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec. Deborah Andersen 18690 Sarasota Rd.		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARTIN, RHONDA 7237 MYRTLE ROAD FT MYERS FL 33912	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Rhonda Martin 7237 Myrtle Rd. Ft. Myers, Fl. 33912		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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: <i>Rhonda H. Martin</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					