


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

FILED
Mar 16, 2006 8:00 am
Secretary of State

03-16-2006 90241 006 ****61.25

DOCUMENT # N03000006862	
1. Entity Name SAN CARLOS PARK CIVIC ASSOCIATION, INC.	

Principal Place of Business SAN CARLOS PARK COMMUNITY CENTER LEE ROAD FORT MYERS FL 33912 US	Mailing Address PO BOX 510 ESTERO FL 33928 US
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2. Principal Place of Business Carl Drew Community Bld. Suite, Apt. #, etc. Lee Rd - San Carlos Park	3. Mailing Address San Carlos Park Civic Ass. Suite, Apt. #, etc. P.O. Box 510
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City & State Ft Myers, FL	City & State Estero, FL
Zip 33912	Country Lee
Zip 33928	Country Lee

4. FEI Number 59-1982628	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MARTIN, RHONDA 7237 MYRTLE RD FT MYERS FL 33912

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 <u>Rhonda K. Martin</u> <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE P NAME FEDIGAN, MARK STREET ADDRESS 18690 SARASOTA RD CITY-ST-ZIP FT MYERS FL 33912	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP NAME BOGNER, TOM STREET ADDRESS 18246 LOWE DR CITY-ST-ZIP FT MYERS FL 33912	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SEC NAME ANDERSEN, DEBORAH STREET ADDRESS 18690 SARASOTA ROAD CITY-ST-ZIP FT MYERS FL 33912	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE T NAME MARTIN, RHONDA STREET ADDRESS 7237 MYRTLE ROAD CITY-ST-ZIP FT MYERS FL 33912	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <u>Rhonda K. Martin</u> <u>Rhonda K. Martin-36-06-267-6463</u>
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