
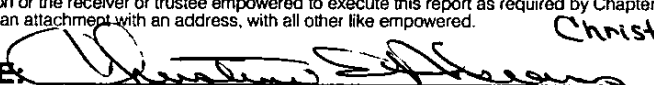


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90249 027 ****61.25

| | | | | | |
|---|--|---|---|---|--|
| DOCUMENT # N03000009700 1. Entity Name CONCERNED CITIZENS OF BAYSHORE COMMUNITY, INC. | | | |  | |
| Principal Place of Business PO BOX 51033 FT. MYERS, FL 33994 | | | Mailing Address PO BOX 51033 FT. MYERS, FL 33994 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |
| 4. FEI Number NOT APPLICABLE | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent HANNONG, BILL 8200 BOONESBORO ROAD NORTH FT. MYERS, FL 33917 | | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2005 | | 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 | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD ALVAREZ, LAURA 18900 LYNN RD. N. FT. MYERS, FL 33917 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Hannong, Bill 8200 Boonesboro Rd. N. Ft. Myers, FL 33917 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD SMITH, II, MARVEN M 9801 W. BAHIA VISTA N. FT. MYERS, FL 33917 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Carolyn Morton 11480 Bayshore N. Ft. Myers, FL 33917 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD JACKOW, DEBORAH 19450 MEREDITH RD. N. FT. MYERS, FL 33917 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD ADAMS, CHRISTINE 8200 HENDERSON GRADE NORTH FORT MYERS, FL 33917 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D TRAUIG, SHELLEY 8200 HENDERSON N. FT. MYERS, FL 33917 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D POST, RUSS JACOB 16970 TARPON WAY N. FT. MYERS, FL 33917 | | 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:  | | | Christine Abrams 4-22-05 239-822-0722 | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | <small>Date Daytime Phone #</small> | | |

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01062005 Chg-NP CR2E037 (10/03)