

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2006 8:00 am**  
**Secretary of State**

04-20-2006 90194 011 \*\*\*\*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

40055116



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02092006 Chg-NP CR2E037 (11/05)

4. FEI Number  
**NOT APPLICABLE**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HANNONG, BILL**  
**8200 BOONESBORO ROAD**  
**NORTH FT. MYERS, FL 33917**

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

**Filing 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 PD  
NAME ALVAREZ, LAURA ☐ Delete  
STREET ADDRESS 18900 LYNN RD.  
CITY-ST-ZIP N. FT. MYERS, FL 33917

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD  
NAME SMITH, II, MARVEN M ☐ Delete  
STREET ADDRESS 9801 W. BAHIA VISTA  
CITY-ST-ZIP N. FT. MYERS, FL 33917

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD  
NAME JACKOW, DEBORAH ☐ Delete  
STREET ADDRESS 19450 MEREDITH RD.  
CITY-ST-ZIP N. FT. MYERS, FL 33917

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD  
NAME ADAMS, CHRISTINE ☒ Delete  
STREET ADDRESS 8200 HENDERSON GRADE  
CITY-ST-ZIP NORTH FORT MYERS, FL 33917

TITLE TD  
NAME Rodd, Barbara ☐ Change ☒ Addition  
STREET ADDRESS 11500 Bayshore Road  
CITY-ST-ZIP North Fort Myers, FL 33917

TITLE D  
NAME TRAUIG, SHELLEY ☐ Delete  
STREET ADDRESS 8200 HENDERSON  
CITY-ST-ZIP N. FT. MYERS, FL 33917

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  
NAME HANNONG, BILL ☐ Delete  
STREET ADDRESS 8200 BOONESBORO RD.  
CITY-ST-ZIP N. FT. MYERS, FL 33917

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 J. Rodd (Barbara J. Rodd-Treas)

4/14/06

239-567-0813

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #