2005 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT **DOCUMENT # N04000010544**



FILED Aug 19, 2005 8:00 am Secretary of State

08-19-2005 90009 022 ****61.25

	AN'S COVE OF LEE COU TION, INC.	INTY COMMONS						
Principal Place 14200 A & W FT MYERS, FL)			50	062479 Nimmin			
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			07112005 Ch	g-NP CR2	E037 (10/03)	
City & State		City & State		4	59-37	P. B. 3 & 1	<u> </u>	plied For t Applicable
Zip	Country	Zip	Country		. Certificate of Sta		\$8.75 Add Fee Required	itional
	6. Name and Address of Curren	t Registered Agent		7.	. Name and Add	ess of New Register	ed Agent	
SHIELDS	CHRISTOPHER I		Name					
SHIELDS, CHRISTOPHER J 1833 HENDRY ST FT MYERS, FL 33901			Street A	Street Address (P.O. Box Number is Not Acceptable)				
			City				Zip Code	<u> </u>
	named entity submits this statement	for the purpose of changing its	registered office or	registered	agent, or both, in			and accept
SIGNATURE .	ons of registered agent. Signature, typed or printed name of registered age	nt and title if applicable. (NO)	E: Registered Agent signate	re required who	en renstating)	· DA	TÉ ·	
	Filing Fee is \$61.25 we by September 7, 2005		mpaign Financing Contribution.		5.00 May Be ided to Fees		neck payable to partment of SI	
10.	OFFICERS AND E	DIRECTORS	11.	ADI	DITIONS/CHANGE	S TO OFFICERS AND	DIRECTORS IN	10
TITLE	PD	Delete	TITLE				Change	Addition Addition
NAME Street Adoress	ROBERTS, DENNIS T 1531 BEAVER DAM RD		NAME STREET ADORESS	705	RT.71 0	WION AV	3	
City-ST-ZIP	POINT PLEASANT, NJ 087420	0810	CITY-ST-ZIP	Bei	811€ 1	VJ of7	7 0	
TITLE	VPD	☐ Delete	пъе			<u> </u>	[1]-Change	Addition
NAME	ROBERTS, GRACE		NAME					_
STREET ADDRESS	1531 BEAVER DAM RD		STREET ADDRESS			WION AVE		
CFTY-ST-ZIP	POINT PLEASANT, NJ 087420		C/TY-ST-ZIP	BRIG	che, n	13 0f73		
TITLE	STD STAMOS CEORCE	☐ Deleta	TITLE Name				Change	Addition Addition
NAME Street Adoress	STAMOS, GEORGE 94 LIGHTHOUSE DR		STREET ADDRESS					
CITY-ST-ZIP	JUPITER, FL 33469		CITY-ST-ZIP					
TITLE		☐ Delete	TITLE				Change	Addition
NAME .			NAME					
STREET ADDRESS			STREET ADORESS CITY-ST-ZIP					
CITY-ST-ZIP			TITLE		,, ,		☐ Change	☐ Addition
TITLE NAME		☐ Delete	NAME				C. CHRINGS	
STREET ADDRESS			STREET ADDRESS					
CTTY-ST-ZIP			C/TY-ST-ZIP					
TITLE	•	☐ Delete	TITLE				Change	Addition
NAME			NAME	·				
STREET ADDRESS CITY-ST-ZIP			STREET ADORESS	• .				
	44, 4	MALALY ENG.			- 440 07/07/07			
	certify that the information supplied w on this report or supplemental repor poration or the receiver or trustee em or on an attachment with an address							

SIGNATURE:

1. Entity Name

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

772-52-F-4710 Deytime Phone #