2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 02, 2007 8:00 am Secretary of State

NAME STREET ADDRESS CITY-ST-ZIP FORT MYERS, FL 33902 TITLE NAME STREET ADDRESS CITY-ST-ZIP FORT MYERS, FL 33902 TITLE NAME STREET ADDRESS CITY-ST-ZIP FORT MYERS, FL 33902 TITLE NAME STREET ADDRESS CITY-ST-ZIP	1. Entity Nam	NG:	# N0600000 I DRAINAGE ASS		ON, INC.					02-12-200	7 90101	002	*61.25
Suite, ADL R. etc. Suite,	2725 HANSO	N STREET		P.O. E	OX 640								
City & State Ci	2. Principal P	lace of Busin	ness - Na P.O. Box#	3. Maiii	ng Address			-					
Zp County Zp County Zp County Zp County Zp St. 75 4 7 1 9 S St. 75 Actification of Status, Desired St. 75 Actification of St. 75 Actificat	Suite, Apt.	#, etc.		Suite, Apt. #, etc.				01042007 C	hg-NP	CR2E03	7 (12/06)		
E. Nume and Address of Current Registared Agent E. Nume and Address of Current Registared Agent T. Name and Address of New Registared Agent Name ENGLISH, KATHERINER E.SQ. 1833 HENDRY STREET FORT MYERS, FL 33901 E. The above named entity submis this statement for the purpose of changing its registared agent, or both, in the State of Rolfda. I am familiar with, and accept time obligations of registrating 19801 Katherine R. English, Esq., Reg. Agent O1/30/07 Filling Fee is \$43.25 Duby May 1, 2007 P. Diction Campaign Finencing Trust Fund Cortibobation Difficers AND DIRECTORS 11. ADDITIONS/CHANGES TO GRICERS AND DIRECTORS IN 10 The Address POST OFFICE BOX 640 CITY-ST-RP FORT MYERS, FL 33902 The STRET ADDRESS POST OFFICE BOX 640 CITY-ST-RP FORT MYERS, FL 33902 The STRET ADDRESS STRET ADDRESS FORT MYERS, FL 33902 The STRET ADDRESS FORT MYERS, FL 33902 The STRET ADDRESS STRET ADDRESS FORT MYERS, FL 33902 The STRET ADDRESS THE STRET ADDRESS STRET ADDRESS STRET ADDRESS THE STRET ADDRE	City & State			City & State			<u></u>		4. FEI Number	5243	195	<u> </u>	
ENGLISH, KATHERINE R ESQ. 1833 HENDRY STREET FORT MYERS, FL 33901 Cry FL Zo Code 8. The above named entity submits bits statement for the purpose of changing its registered office or registered agent, or both, in the State of Perida. I sent termiter with, and accept the obligations of registered agent, or both, in the State of Perida. I sent termiter with, and accept the obligations of registered agent, or both, in the State of Perida. I sent termiter with, and accept the obligations of registered agent, or both, in the State of Perida. I sent termiter with, and accept the obligations of registered agent, or both, in the State of Perida. I sent termiter with, and accept the obligations of registered agent, or both, in the State of Perida. I sent termiter with, and accept the obligations of registered agent, or both, in the State of Perida. I sent termiter with, and accept the obligations of registered agent, or both, in the State of Perida. I sent termiter with, and accept the obligations of registered agent, or both, in the State of Perida. I sent termiter with, and accept the obligations of registered agent, or both, in the State of Perida. I sent termiter with, and accept the obligations of registered agent, or both, in the State of Perida. I sent termiter with, and accept the obligations of registered agent, or both, in the State of Perida. I sent termiter with, and accept the period agent, or both, in the State of Perida. I sent termiter with and accept the period of Perida. I sent termiter with a sent termiter with a sent termiter of Perida. I sent termiter with a sent termine with a sent termine of Perida. I sent termine with a sent termine of Perida. I sent termine of P	Zip	;; i, ,	Country	Zip		Cou	puntry				п :	\$8.75 Ad	ditional
Size Address (P.O. Box Number is Not Acceptable) Size Address (P.O. Box Number is Not Acceptable)		6: Name	and Address of Currer	nt Registered	f Agent		Name		7. Name and Add	iress of New R	Registered A	gent	
City FL Zo Code 8. The above named critity submits this statement for the purposayal changing its registered agent, or both, in the State of Forda. I am familiar with, and accept the obligations of registerior agent. Katherine R. English, Esq., Reg. Agent 01/30/07 SIGNATURE FIling Fee is \$61.25 Due by May 1, 2007 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. ADDITIONS/CHANGES TO OFFICE BOX 840 11. ADDITIONS/							Street A	daress (F	O. Box Number is	Not Acceptable	e)		
B. The above named entity submits this statement for the purpose of changing its registered direc or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the college of the state of Florida. I am familiar with, and accept the college of Florida. I am familiar with, and accept the familiar with and accept the f							:					.	
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NAME STREET ADDRESS CITY-S1-ZIP 12. I hereby certify that the information supplied with this filing does not quality for the exemptions contained in Chapter 119, Florida Statutes, 1 further certify that the information indicated on this report or supplemental report Strue 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 trusted employed the exemption 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 a address with all other like empowered. SIGNATURE: R. Douglas Zipperer 239-332-1857	CITY-ST-ZIP												
indicated on this report or supplemental report Strue 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 empower of the security of the second 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 the address, with all other like empowered. SIGNATURE: R. Douglas Zipperer 239-332-1857	TITLE HAME STREET ADDRESS				☐ Delete	NAM STRE	E Et address			,		☐ Change	☐ Addition
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