

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

**FILED**  
**Mar 08, 2006 8:00 am**  
**Secretary of State**

03-08-2006 90179 048 \*\*\*\*61.25

**DOCUMENT # N27556**

1. Entity Name

**SOUTHWEST FLORIDA SPORTSMAN'S ASSOCIATION,  
INC.**



Principal Place of Business

P O BOX 100691  
CAPE CORAL FL 33910

Mailing Address

P O BOX 100691  
CAPE CORAL FL 33910

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

65-0086520

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

PANCARI, JOHN  
3813 MANATEE DRIVE  
SAINT JAMES CITY FL 33956

7. Name and Address of New Registered Agent

Name **LEE A. HAMPE**

Street Address (P.O. Box Number is Not Acceptable)  
**1721 SW 6TH AVE.**

City **CAPE CORAL**

FL

Zip Code **33991**

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

**2/15/06**

**FILE NOW: 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

TITLE **PDC** ☒ Delete  
NAME **PANCARI, JOHN**  
STREET ADDRESS **3813 MANATEE DR**  
CITY-ST-ZIP **SAINT JAMES CITY FL 33956**

TITLE **VD** ☒ Delete  
NAME **HERR, JACK**  
STREET ADDRESS **1044 LOVELY WAY**  
CITY-ST-ZIP **N FT MYERS FL**

TITLE **SD** ☒ Delete  
NAME **MAFFEO, CARL**  
STREET ADDRESS **923 SW 4TH PLACE**  
CITY-ST-ZIP **CAPE CORAL FL 33991**

TITLE **TD** ☒ Delete  
NAME **HAMPE, LEE A**  
STREET ADDRESS **1721 SW 6TH AVE**  
CITY-ST-ZIP **CAPE CORAL FL 33991**

TITLE **D** ☒ Delete  
NAME **TILLOTSON, RICHARD**  
STREET ADDRESS **4559 KEY LARGO LANE**  
CITY-ST-ZIP **BONITA SPRINGS FL 34134**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PDC** ☒ Change ☐ Addition  
NAME **HAMPE, LEE A.**  
STREET ADDRESS **1721 SW 6TH AVE**  
CITY-ST-ZIP **CAPE CORAL FL 33991**

TITLE **VD** ☒ Change ☐ Addition  
NAME **FLESHEN, CATHY**  
STREET ADDRESS **611 ARCHER PKWY**  
CITY-ST-ZIP **CAPE CORAL FL 33904**

TITLE **SD** ☒ Change ☐ Addition  
NAME **CHARLES - FLITE**  
STREET ADDRESS **3617 SE 2ND AVE.**  
CITY-ST-ZIP **CAPE CORAL FL 33904**

TITLE **TD** ☒ Change ☐ Addition  
NAME **ESLINGER, RAY**  
STREET ADDRESS **3531 SEA HOLLY LANE**  
CITY-ST-ZIP **ST. JAMES CITY, FL 33956**

TITLE **D** ☒ Change ☐ Addition  
NAME **BODIKER, MIKE**  
STREET ADDRESS **1438 SW 54TH TERRACE**  
CITY-ST-ZIP **CAPE CORAL, FL 33914**

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 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:

**Lee A. Hampe**

**2/15/06**