
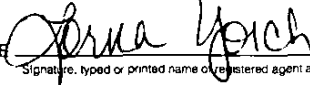
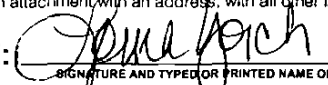


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2007 8:00 am**  
**Secretary of State**

04-12-2007 90029 027 \*\*\*\*61.25

<b>DOCUMENT # N28960</b> 1. Entity Name <b>THE SOUTH PUNTA GORDA HEIGHTS CIVIC ASSOCIATION, INC.</b>					
Principal Place of Business <b>11200 FIRST AVENUE PUNTA GORDA, FL 33955</b>			Mailing Address <b>11200 FIRST AVENUE PUNTA GORDA, FL 33955</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>65-0287345</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>SHPIRUK, AL 11390 ALLAGATOR ST PUNTA GORDA, FL 33955</b>			7. Name and Address of New Registered Agent Name <b>Lorna Yorchi</b> Street Address (P.O. Box Number is Not Acceptable) <b>15491 OLIVE CR</b> City <b>PUNTA GORDA</b> FL Zip Code <b>33955</b>		
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  <b>Lorna Yorchi</b> <span style="float: right;">4-9-07</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHPIRUK, AL 11390 ALAGATOR ST PUNTA GORDA, FL 33955	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ERNEST CORNERO 11309 OLIVE CR. PUNTA GORDA FL 33955
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T YORCH, LORNA 15491 CLIVE CIRCLE PUNTA GORDA, FL 33955	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALKER, JOHN 15520 OLIVE CIRCLE PUNTA GORDA, FL 33955	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOSTER, DON 15484 OLIVE CIRCLE S PUNTA GORDA HGTS, FL 33955	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BRADLEY, SHARRON 26428 ANGELICA AVE PUNTA GORDA, FL 33955	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CAROL HARKINS 11269 SIXTH AV PUNTA GORDA FL 33955
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORDIERO, EARNEST 11309 OLIVE CIRCLE PUNTA GORDA, FL 33955	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHARLIE HENSON 11269 SIXTH AV PUNTA GORDA FL 33955
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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:  <b>Lorna YORCHI</b> <span style="float: right;">4-9-07</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
				Date <span style="float: right;">941-505-8702</span> <small>Daytime Phone #</small>	