


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2008 8:00 am
Secretary of State

02-21-2008 90032 010 ****61.25

DOCUMENT # N28960 1. Entity Name THE SOUTH PUNTA GORDA HEIGHTS CIVIC ASSOCIATION, INC.					
Principal Place of Business 11200 FIRST AVENUE PUNTA GORDA, FL 33955			Mailing Address 11200 FIRST AVENUE PUNTA GORDA, FL 33955		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02062008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 65-0287345	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LOMA, YORCH 15491 OLIVE CR PUNTA GORDA, FL 33955				7. Name and Address of New Registered Agent Name LORNA YORCH Street Address (P.O. Box Number is Not Acceptable) 15491 OLIVE CR PUNTA GORDA City FL Zip Code 33955	
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: <i>Lorna Yorch</i> Lorna Yorch 2/17/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	P CORDTERO, ERNEST 11390 ALAGATOR ST PUNTA GORDA, FL 33955	<input type="checkbox"/> Delete			
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	D WALKER, JOHN 15520 OLIVE CIRCLE PUNTA GORDA, FL 33955	<input type="checkbox"/> Delete			
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	S HARKINS, CAROL 11269 SIXTH AVE PUNTA GORDA, FL 33955	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENSON, CHARLIE 11269 SIXTH AVE PUNTA GORDA, FL 33955	<input type="checkbox"/> Delete			
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: <i>Lorna Yorch</i> LORNA YORCH 2/17/08 94-505-8702 <small>Signature and typed or printed name of signing officer or director Date Daytime Phone #</small>			