

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33639

FILED
Jan 20, 2007
Secretary of State

Entity Name: FORT MYERS SHORES CIVIC ASSOCIATION, INC.

Current Principal Place of Business:

2253 DAVIS BLVD.
FT MYERS SHORES, FL 33905 US

New Principal Place of Business:

14131 CARIBBEAN AVE.
FT MYERS SHORES, FL 33905 US

Current Mailing Address:

P.O. BOX #50993
FORT MYERS, FL 33994 US

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

KIMBALL, ED
2253 DAVIS BLVD.
FT MYERS, FL 33905 US

Name and Address of New Registered Agent:

CRAWFORD, JAMES
14131 CARIBBEAN AVE.
FT MYERS, FL 33905 US

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.

SIGNATURE: JAMES CRAWFORD

01/20/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KIMBALL, ED
Address: 2253 DAVIS BLVD.
City-St-Zip: FORT MYERS, FL 33905

Title: VP () Delete
Name: LESSER, DENNIS
Address: 2201 ISLE OF PINES AVE.
City-St-Zip: FORT MYERS, FL 33905

Title: STD () Delete
Name: TRIPP, JANET
Address: 2190 SANTAIGO
City-St-Zip: FORT MYERS, FL 33905

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CRAWFORD, JAMES
Address: 14131 CARIBBEAN AVE.
City-St-Zip: FORT MYERS, FL 33905

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JANET TRIPP

STD

01/20/2007

Electronic Signature of Signing Officer or Director

Date