2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2008
Secretary of State

DOCUMENT# N33639

Entity Name: FORT MYERS SHORES CIVIC ASSOCIATION, INC.

Current Principal Place of Business:

14131 CARIBBEAN AVE.
FT MYERS SHORES, FL 33905 US

New Principal Place of Business:

2190 SANTIAGO 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:

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

Name and Address of New Registered Agent:

TRIPP, JANET
2190 SANTIAGO 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: JANET TRIPP 02/05/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: CRAWFORD, JAMES
Address: 14131 CARIBBEAN AVE.
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: LESSER, DENNIS
Address: 2201 ISLE OF PINES AVE.
City-St-Zip: FORT MYERS, FL 33905

Title: VP (X) Change ( ) Addition
Name: MARLOWE, KENNETH
Address: 2137 ST. CROIX AVE.
City-St-Zip: FORT MYERS, FL 33905

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

I hereby certify that the information supplied with this filing does not qualify 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 02/05/2008
Electronic Signature of Signing Officer or Director Date