

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90182 041 \*\*\*\*61.25

**DOCUMENT # N33639**

1. Entity Name

**FORT MYERS SHORES CIVIC ASSOCIATION, INC.**



Principal Place of Business

**1960 BAHAMA AVE  
FT MYERS SHORES FL 33905  
US**

Mailing Address

**1960 BAHAMA AVE  
FT MYERS SHORE FL 33905  
US**

**70014408**



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BUDD, TED** **WARREN BLECKLEY**  
**1960 MARGUERITE BLVD** **1960 BAHAMA AVE.**  
**FT MYERS FL 33905** **FORT MYERS, FL 33905**

Name

**BLECKLEY, WARREN**

Street Address (P.O. Box Number is Not Acceptable)

**1960 BAHAMA AVE.**

**FORT MYERS, FL 33905**

City

**FL**

Zip Code  
**33905**

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 Warren Bleckley  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**1-23-03**

**FILE NOW: FEE IS \$61.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	BLECKLEY, WARREN	
STREET ADDRESS	1960 BAHAMA AVE	
CITY-ST-ZIP	FORT MYERS FL 33905	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SMEDBERG, ROY	
STREET ADDRESS	13032 8TH STREET	
CITY-ST-ZIP	FT MYERS FL 33905	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	COTTE, JOHN	
STREET ADDRESS	2008 BAHAMA AVE	
CITY-ST-ZIP	FT MYERS FL 33905	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BLECKLY, PAT	
STREET ADDRESS	1980 BAHAMA AVT	
CITY-ST-ZIP	FT MYERS FL 33905	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LESSER, DENNIS	
STREET ADDRESS	3301 ISLE OF PINES AVE	
CITY-ST-ZIP	FORT MYERS, FL 33905	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELLS, BOB	
STREET ADDRESS	3049 ARUBA	
CITY-ST-ZIP	FORT MYERS, FL 33905	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 legal empowered.

SIGNATURE: ROY SMEDBERG

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-23-03**

**694-7213**

CR2E037 (10/02)