

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 12, 2007 08:00 AM
Secretary of State

DOCUMENT # N34317

1. Entity Name
SENIORS FESTIVAL INC.



Principal Place of Business

**P O BOX 08424
FORT MYERS, FL 33908 US**

Mailing Address

**11701 POINTE CIRCLE DR
FORT MYERS, FL 33908 US**



02152007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0217722

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**HOLLAND, SUSAN M
11701 POINTE CIRCLE DR
FT. MYERS, FL 33908**

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**000000654202
03/22/07-80035-010 61.25**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
KAYRISH, KITTY
5817 DRIFTWOOD PARKWAY
CAPE CORAL, FL 33904**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
HOLLAND, SUSAN
5817 DRIFTWOOD PKWY
CAPE CORAL, FL 33904**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
AMBROSE, PATRICIA
5817 DRIFTWOOD PKWY
CAPE CORAL, FL 33904**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

Susan M Holland

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-7-07

Date

239 690-3646

Daytime Phone #