

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Jul 23, 1999 8:00 am**  
**Secretary of State**

07-23-1999 90007 022 \*\*\*\*61.25

**DOCUMENT # N35814**

1. Corporation Name

**CORKSCREW REGIONAL ECOSYSTEM WATERSHED LAND AND  
WATER TRUST, INCORPORATED**

Principal Place of Business

2301 MCGREGOR BLVD  
3RD FLOOR  
FT MYERS FL 33901  
US

Mailing Address

2301 MCGREGOR BLVD  
3RD FLOOR  
FT MYERS FL 33901  
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

12/20/1989

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

65-0246331

Applied For

Not Applicable

22

27

City & State

City & State

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

23

28

Zip Country

Zip Country

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HAMMOND, WILLIAM  
5456 PAKER DRIVE  
FT. MYERS FL 33919**

81 Name

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

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CTR ☐ DELETE  
NAME JUDAH, RAY  
STREET ADDRESS 13390 CORAL DRIVE  
CITY-ST-ZIP FT MYERS FL 33908

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VCT ☒ DELETE  
NAME CARLSON, ED  
STREET ADDRESS 375 SANCTUARY ROAD  
CITY-ST-ZIP NAPLES FL

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☒ Addition

TITLE S ☐ DELETE  
NAME FITCH, JOHN  
STREET ADDRESS 3776 CRACKER WAY  
CITY-ST-ZIP BONITA FL

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE T ☐ DELETE  
NAME HOLE, STANLEY  
STREET ADDRESS 715 10TH STREET S.  
CITY-ST-ZIP NAPLES FL

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE OF JUDAH RAY**

5/20/99

941-332-7771

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)