

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N37871 (3)
1. Corporation Name

FORT MYERS BEACH CIVIC ASSOCIATION, INC.



* (65-0193180)

Principal Place of Business Mailing Address
% EDMUND F. FITZSIMONS % EDMUND F. FITZSIMONS
280 SEMINOLE WAY 280 SEMINOLE WAY
FT. MYERS BEACH FL 33931 FT. MYERS BEACH FL 33931

3. Date Incorporated or Qualified 04/25/1990 3a. Date of Last Report 04/27/1995

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Country
24 25 29 30

4. FEI Number 65-0193280 * 65-0193180 Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FITZSIMONS, EDMUND F.
280 SEMINOLE WAY
FT MYERS BEACH FL 33931

81 Name DON DEANE
82 Street Address (P.O. Box Number is Not Acceptable) 167 ANCHORAGE ST
83
84 City FT. MYERS BEACH FL 85 Zip Code 33931

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] DATE 5/08/96
Signature (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP
D	FITZSIMONS, EDMUND F.	280 SEMINOLE WAY	FT. MYERS BCH FL	<input checked="" type="checkbox"/> DELETE																							
D	CAMPBELL, JOHANNA	21551 MADERA RD.	FT. MYERS BCH FL	<input checked="" type="checkbox"/> DELETE																							
D	CALLAHAN, NEIL F.	18420 CUTLASS DR	FT. MYERS BCH FL	<input checked="" type="checkbox"/> DELETE																							
	DIRECTOR	DON DEANE	167 ANCHORAGE ST	<input type="checkbox"/> DELETE																							
	DIRECTOR	HARRY GATTLIER	50 ABERDEEN AVE	<input type="checkbox"/> DELETE																							
	DIRECTOR	GEORGE BROWN	4821 CORAL ST.	<input type="checkbox"/> DELETE																							
			FT. MYERS BEACH FL. 33931																								

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: [Signature] DATE MAY 1 1996 (941) 765-0515
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (12/95)