## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

N37871

(3)

1. Corporation	Name	1 (0)			
FORT	MYERS BEACH CIVIC ASS	OCIATION, INC.			
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Principal Plac	e of Business	Mailing Address		* ************************************	
% EDMUND F.	FIT2SIMONS	% EDMUND F. FITZSIMOI	NS	3. Date Incorporated or Qualified	
280 SEMINOLE FT, MYERS BE		280 SEMINOLE WAY	Mar	04/25/1990	
FI, MIENO DE	NOTI FE 33801	FT. MYERS BEACH FL 33	1831	4. FEI Number Applied For	
				<b>65-0193180</b> Not Applicab	le
	ace of Business	2a. Mailing Address		5. Certificate of Status Desired S8.75 Additional	
Suite, Apt.	# ato	Suite, Apt. #, etc.		Fee Required	_
22	π, ψισ.	27		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
City & State	8	City & State		7. Is this nonprofit corporation a homeowners association?	_
23	_	28		Yes No	
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible	
24	25	29	30	Personal Property Tax due June 30. Yes No	
<del></del>	9. Name and Address of Curre	nt Hegistered Agent	81 Name	10. Name and Address of New Registered Agent	_
PEAUL DON				SOME	
			82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
167 ANCHORAGE ST FT MYERS BEACH FL 33931			83		_
11 1416	NO DENOTITE 00001				
			84 City	FL 85 Zip Code	
11. Pursuant	to the provisions of Sections 617.050	2 and 617.1508, Florida Statu	tes, the above-named corp	poration submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered	đ
agent. I a	n <b>(a</b> miliar with, and accept the oblig	ations of, Section 617,0503, F	lorida Statutes.	tion's board of directors, i nereby accept the appointment as registered	
SIGNATURE .					_
12.	Signature, typed or printed name of registered ag	ent and title if applicable (NO ID DIRECTORS	TE: Registered Agent signature require 13,	red when reinstaling)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	_
TITLE	D OFFICERS AIN	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	on.
NAME	DEANE, DON		1.2 NAME		
STREET ADDRESS	167 ANCHORAGE ST		1.3 STREET ADDRESS		ı
CITY-ST-ZIP	FT. MYERS BCH FL 33931		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Additi	ЛC
NAME	GOTTLIEB, HARRY		2.2 NAME		
STREET ADDRESS	50 ABERDEEN AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS BCH FL 33931		2. 4 CITY - ST - ZIP		_
TITLE	D D	☐ DELETE	3.1 TITLE	Change Additiv	'n
NAME	SMITH, CHERYL		3.2 NAME		
STREET ADDRESS	180 EGRET ST FT MYERS BCH FL		3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	TI MIENO DON FL	DELETE	3.4. CITY - ST - ZIP 4.1 TITLE	Change Additly	<u></u>
NAME			4.2 NAME		·" ]
STREET ADDRESS			4.3 STREET ADDRESS		-
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	Change Addition	'n
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		-
CITY-ST-ZIP	<del></del>		5.4 CITY - ST - ZIP		_
TITLE		DELETE	6.1 TITLE	Change Additi	חנ
NAME			6.2 NAME	·	1
STREET ADDRESS			6.3 STREET ADDRESS		- 1
CITY-ST-ZIP	adily that the information cumplied u	ith this (in door not qualify:	6.4 CITY-ST-ZIP	Section 110 07/2Vi) Florida Statuton Liuribay cortifu that the information	$\exists$

Fine the property that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(j), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual rappet is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the concentror of the concentror of the concentror of the concentration of the conce

SIGNATURE:

1-14-98

**FILED** 

May 20 1998 8:00am

Secretary of State

94-766-0180