


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90036 044 ****61.25

DOCUMENT # N37871	
1. Entity Name	
FORT MYERS BEACH CIVIC ASSOCIATION, INC.	

Principal Place of Business	Mailing Address
180 EGRET ST FORT MYERS BEACH FL 33931 US	P.O. BOX 2356 FORT MYERS BEACH FL 33932 US



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/05)

4. FEI Number		Applied For
65-0193180		<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired		\$8.75 Additional Fee Required
<input type="checkbox"/>		

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SMITH, CHERIE 180 EGRET ST FORT MYERS BEACH FL 33931	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	FL Zip Code

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 Cheryl L. Smith DATE 2/1/06

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when reappointing)

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, CHERIE	NAME	SIMPSON, BETTY
STREET ADDRESS	180 EGRET ST	STREET ADDRESS	180 CURLEW STREET
CITY-ST-ZIP	FORT MYERS BEACH FL 33931	CITY-ST-ZIP	FT. MYERS BEACH, FL 33921
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	Gertraud Short <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PARKER, DANIEL	NAME	470 Madison Ct.
STREET ADDRESS	305 DUNDEE RD	STREET ADDRESS	FT. Myers Beach FL 33931
CITY-ST-ZIP	FT MYERS BCH FL 33931	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	Cheryl L. Smith <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, DIANE	NAME	180 Curlew St.
STREET ADDRESS	8402 ESTERO BLVD # 702	STREET ADDRESS	St. Myers Beach, FL 33931
CITY-ST-ZIP	FORT MYERS BEACH FL 33931	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	
NAME	CAMERON, TOM	NAME	
STREET ADDRESS	200 CURLEW ST	STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS BEACH FL 33931	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	
NAME	EIGERMAN, MARIA	NAME	
STREET ADDRESS	5 GLENVIEW MANOR	STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS BEACH FL 33931	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	
NAME	FITZSIMONS, JUDY	NAME	
STREET ADDRESS	280 SEMINOLE WAY	STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS BEACH FL 33931	CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: [Signature]