

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 17, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N46377**

1. Entity Name

SANTA MARIA DOCK COOPERATIVE, INC.



Principal Place of Business

6640 ESTERO BLVD.  
FT. MYERS BEACH, FL 33931

Mailing Address

6640 ESTERO BLVD.  
FT. MYERS BEACH, FL 33931



02232006 No Chg-NP

CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

65-0307768

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MONSURD, MARY ANNE  
6640 ESTERO BLVD.  
FT. MYERS BEACH, FL 33931

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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, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

000000513808  
04/29/06-80145-006 122.50

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LOWERY, AL
STREET ADDRESS	3256 PIKEWOOD COURT
CITY-ST-ZIP	COMMERCE TOWNSHIP, MI 48382
TITLE	STD
NAME	DOWLING, THOMAS W
STREET ADDRESS	7317 ESTERO BLVD #300
CITY-ST-ZIP	FORT MYERS BEACH, FL 33931
TITLE	VD
NAME	BIDGOOD, DOUGLAS
STREET ADDRESS	6951 YORK STREET
CITY-ST-ZIP	FARMINGTON, MI 48331
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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/3/06  
Date

Daytime Phone # \_\_\_\_\_