

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 #**

N 47300

1. Corporation Name

RESIDENT ADVISORY BOARD OF SOUTHWARD VILLAGE ANNEX, INC.

Principal Place of Business

Mailing Address

4224 Michigan Avenue  
Fort Myers, Florida  
33916

4224 Michigan Avenue  
Fort Myers, Florida  
33916

3. Date Incorporated or Qualified

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 4224 Michigan Avenue

26 4224 Michigan Avenue

4. FEI Number

65-0311270

☒ Applied For

☐ Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Fort Myers, Florida

28 Fort Myers, Florida

Zip

Country

Zip

Country

24 33916

25

29 33916

30

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

ZOILA MARTINEZ  
4224 MICHIGAN AVENUE  
APARTMENT #479  
FORT MYERS, FLORIDA 33916

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

*Zoila Martinez*

Zoila Martinez, President

3/13/96

(Signature typed or printed name of registered agent and date, if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE  
NAME MARTINEZ, ZOILA  
STREET ADDRESS 4224 MICHIGAN AVENUE APT.#479  
CITY-ST-ZIP FORT MYERS, FLORIDA 33916

11 TITLE ☐ Change ☐ Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VPD ☐ DELETE  
NAME WILLIAMS, MARY  
STREET ADDRESS 6-13 PALMETTO CT  
CITY-ST-ZIP FORT MYERS, FLORIDA 33916

21 TITLE ☐ Change ☐ Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD ☐ DELETE  
NAME HARRIS, STELLA  
STREET ADDRESS 3127 WILLARD STREET  
CITY-ST-ZIP FORT MYERS, FLORIDA 33916

31 TITLE ☐ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE T ☐ DELETE  
NAME DAKOS, JOHN  
STREET ADDRESS 1915 HALGRIM AVENUE APT. # 509  
CITY-ST-ZIP FORT MYERS, FLORIDA 33901

41 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE AL ☐ DELETE  
NAME McCAMBRIDGE, RUTH  
STREET ADDRESS 2424 EDWARDS DRIVE APT. #503  
CITY-ST-ZIP FORT MYERS, FLORIDA 33901

51 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP ☐ Change ☐ Addition

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:

*Zoila Martinez*

ZOILA MARTINEZ, PRES. 3/13/96 (941) 332-6622

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SG 3-20-96

CR2E037 (12/95)