8/1:

FILED
Sep 03, 2002 8:00 am
Secretary of State
08-12-2002 90008 035 ****61.25

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N47300

1. Entity Name: RESIDENT ADVISORY BOARD OF SOUTHWARD VILLAGE ANNEX, INC.

DO NOT WRITE IN THIS SPACE

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	4. FEI Number / Applied For / Not Applicable
4224 Michigan Avenue		650311270
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State: Fort Myers, FL	City & State	
Zip: 33916 Country: USA	Zip / Country	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: MARY WILLIAMS

Street Address (P.O. Box Number is Not Acceptable): 3501 DALE ST. APT. E-16

City: FORT MYERS FL Zip Code: 33916

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.

SIGNATURE _____ DATE

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

FEE IS $61.25 Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	President, Director
NAME	Mary Williams
STREET ADDRESS	3501 Dale St. #C -13
CITY-ST-ZIP	Fort Myers, FL 33916
TITLE	Vice-President, Director
NAME	Ann English
STREET ADDRESS	4224 Michigan Avenue
CITY-ST-ZIP	Fort Myers, FL 33916
TITLE	Secretary
NAME	Barbara Hall
STREET ADDRESS	4258 Michigan Ave, #1
CITY-ST-ZIP	Fort Myers, FL 33916
TITLE	Treasurer, Director
NAME	Sharia Spencer
STREET ADDRESS	4224 Michigan Avenue, # 636
CITY-ST-ZIP	Fort Myers, FL 33916
TITLE	Parliamentarian,
NAME	Frances Saunders
STREET ADDRESS	4224 Michigan Avenue, # 635
CITY-ST-ZIP	Fort Myers, FL 33916
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E037B (12/01)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Mary Williams Pres. May , 2002 (941)226-9244

Mary Williams, President
TYPED OR PRINTED NAME OF INDIVIDUAL AUTHORIZED OFFICER OR DIRECTOR — Date — Daytime Phone #