

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

02-15-2006 90032 004 ****61.25

DOCUMENT # N95000001484

1. Entity Name
FERNWALK HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business
**16380 WINKLER ROAD
FORT MYERS, FL 33908**

Mailing Address
**15880 SUMMERLIN RD
STE. 300, PMB 187
FORT MYERS, FL 33908**

60015803



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02082006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
65-0612502

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FERREIRA, IRENE
8866 BRACKEN WAY
FORT MYERS, FL 33908**

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 obligation 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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **SMITH, EILEEN**
CITY-ST-ZIP **8807 STAGHORN WAY
FORT MYERS, FL 33908**

TITLE ☐ Delete
NAME **VD**
STREET ADDRESS **MURPHY, PAUL**
CITY-ST-ZIP **8908 BRACKEN WAY
FORT MYERS, FL 33908**

TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **FERREIRA, IRENE**
CITY-ST-ZIP **8866 BRACKEN WAY
FORT MYERS, FL 33908**

TITLE ☒ Delete
NAME **SD**
STREET ADDRESS **SHEARS, BETH**
CITY-ST-ZIP **8874 STAGHORN WAY
FORT MYERS, FL 33908**

TITLE ☒ Delete
NAME **TD**
STREET ADDRESS **SWANK, LINDA**
CITY-ST-ZIP **8933 BRACKEN WAY
FORT MYERS, FL 33908**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **TYBON, MARILYN**
CITY-ST-ZIP **8856 STAGHORN WAY
FORT MYERS, FL 33908**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME **CO-TREASURER**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **DIRECTOR**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **PRESIDENT**
STREET ADDRESS **GENE MALDERNESS**
CITY-ST-ZIP **8883 BRACKEN WAY
FORT MYERS, FL 33908**

TITLE ☐ Change ☒ Addition
NAME **CO-TREASURER**
STREET ADDRESS **MYRA MACK**
CITY-ST-ZIP **8890 BRACKEN WAY
FORT MYERS, FL 33908**

TITLE ☒ Change ☐ Addition
NAME **SECRETARY**
STREET ADDRESS
CITY-ST-ZIP

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:

Myra Mack - CO-TREASURER - MYRA MACK 2/10/06 239-432-2216

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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ATTACHMENT

DOCUMENT # N95000001484 1. Entity Name FERNWALK HOMEOWNER'S ASSOCIATION, INC.			
Principal Place of Business 16380 WINKLER ROAD FORT MYERS, FL 33908		Mailing Address 15880 SUMMERLIN RD STE. 300, PMB 187 FORT MYERS, FL 33908	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0612502		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FERREIRA, IRENE 8866 BRACKEN WAY FORT MYERS, FL 33908		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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.			
<div style="display: flex; justify-content: space-between;"> <div> SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div> IRENE FERREIRA - DIRECTOR <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div> 2/10/06 <small>DATE</small> </div> </div>			
Filing 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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="border: 1px solid black; padding: 2px;"> D SMITH, EILEEN 8807 STAGHORN WAY FORT MYERS, FL 33908 </div> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="border: 1px solid black; padding: 2px;"> VD MURPHY, PAUL 8908 BRACKEN WAY FORT MYERS, FL 33908 </div> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="border: 1px solid black; padding: 2px;"> PD FERREIRA, IRENE 8866 BRACKEN WAY FORT MYERS, FL 33908 </div> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="border: 1px solid black; padding: 2px;"> SD SHEARS, BETH 8874 STAGHORN WAY FORT MYERS, FL 33908 </div> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="border: 1px solid black; padding: 2px;"> TD SWANK, LINDA 8933 BRACKEN WAY FORT MYERS, FL 33908 </div> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="border: 1px solid black; padding: 2px;"> D TYBON, MARILYN 8856 STAGHORN WAY FORT MYERS, FL 33908 </div> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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SIGNATURE: - CO - TREASURER - MYRA MACK 2/10/06 432-0216 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			

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