


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2005 08:00 AM
Secretary of State

DOCUMENT # N95000003088		
1. Entity Name PAGE PARK COMMUNITY CLUB, INCORPORATED		
Principal Place of Business 507 CENTER RD FT MYERS, FL 33907	Mailing Address 106 3RD ST FT MYERS, FL 33907	



07072005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-6155104	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent COLEMAN, LEE 108 3RD ST FT MYERS, FL 33907	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by September 7, 2005

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ROCHE, SEYMOUR 106 2ND ST FT MYERS, FL 33907
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD COLEMAN, LEO 114 3RD ST FT MYERS, FL 33907
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD SIBLEY, JOHN 108 CENTER RD FT MYERS, FL 33907
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD COLEMAN, LEE 106 3RD ST. FORT MYERS, FL 33907
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

U00000371720
07/11/05-80001-023 61.25

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Lee Coleman 7-7-05 239-278-1274
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #