

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

May 01, 2006 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

DO NOT WRITE IN THIS SPACE



04142006 No Chg-NP

CR2E037 (11/05)

4. FEI Number

59-6155104

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COLEMAN, LEE
106 3RD ST
FT MYERS, FL 33907

**DO NOT WRITE
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

10. OFFICERS AND DIRECTORS

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

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05/13/06-80075-015 61.25

**DO NOT WRITE
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:

Lee Coleman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-25-06

Date

239 278 1274

Daytime Phone #