

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90050 015 ****61.25

DOCUMENT # N96000005303

1. Entity Name

FRIENDS OF THE MATANZAS PRESERVE, INC.



Principal Place of Business

**3001 ESTERO BLVD.
FT. MYERS BEACH FL 33931
US**

Mailing Address

**3001 ESTERO BLVD.
FT. MYERS BEACH FL 33931
US**

00016586



1st MOORE

CR2E037 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ft. Myers Beach, Fl.

City & State

Ft. Myers Beach, Fl.

4. FEI Number

65-0708636

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

**MYERS, THOMAS F.
1113 ESTERO BLVD
FT. MYERS BEACH FL 33931**

7. Name and Address of New Registered Agent

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 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

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

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	PD	<input type="checkbox"/> Delete
NAME	MYERS, THOMAS F	
STREET ADDRESS	3001 ESTERO BLVD	
CITY-ST-ZIP	FORT MYERS BEACH FL 33931	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	SMITH, ROXANNE	
STREET ADDRESS	21521 MADERA RD,	
CITY-ST-ZIP	FORT MYERS BEACH FL 33931	
TITLE	STD	<input type="checkbox"/> Delete
NAME	GRESSMAN, LOIS	
STREET ADDRESS	120 SEAHORSE LANE	
CITY-ST-ZIP	FORT MYERS BEACH FL 33931-5222	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALSOP, ANN	
STREET ADDRESS	2555 ESTERO BLVD	
CITY-ST-ZIP	FORT MYERS BEACH FL 33931	
TITLE	D	<input type="checkbox"/> Delete
NAME	COTTER, RICHARD	
STREET ADDRESS	6100 ESTERO BLVD.	
CITY-ST-ZIP	FORT MYERS BEACH FL 33931	
TITLE	D	<input type="checkbox"/> Delete
NAME	JUDAH, RAY	
STREET ADDRESS	13390 CORAL DRIVE	
CITY-ST-ZIP	FORT MYERS FL 33908	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Betty Simpson	
STREET ADDRESS	180 Curlew	
CITY-ST-ZIP	Ft. Myers Beach, Fl. 33931	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Carl Conley	
STREET ADDRESS	2801 R Estero Blvd	
CITY-ST-ZIP	Ft. Myers Beach, Fl. 33931	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Frank Fontaine	
STREET ADDRESS	3377 Shell Mound Blvd.	
CITY-ST-ZIP	Ft. Myers Beach, Fl. 33931	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Norman Sabee	
STREET ADDRESS	320 Nature View Court	
CITY-ST-ZIP	Ft. Myers Beach, Fl. 33931	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Audree' Inglis'	
STREET ADDRESS	130 Mid Island Drive	
CITY-ST-ZIP	Ft. Myers Beach, 33931	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Lois Gressman, Sec. Treasurer 2/10/05 (239) 463-9991

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #