

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS**FILED**
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90046 028 ****61.25

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1. Corporation Name

**THE FORT MYERS BEACH BUILD A POOL FOUNDATION, IN
C.**

Principal Place of Business

2523 ESTERO BLVD
FT MYERS BEACH FL 33931

Mailing Address

P.O. BOX 6024
FT MYERS BEACH FL 33932
US

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

3. Date Incorporated or Qualified

11/14/1996

4. FEI Number

65-0735874

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐**\$5.00** May Be
Added to Fees

9. Name and Address of Current Registered Agent

BUNTING, ELLIE
21681 INDIAN BAYOU DR
FT MYERS BEACH FL 33931

10. Name and Address of New Registered Agent

81

Name

82

Street Address (P.O. Box Number is Not Acceptable)

83

84

City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME BUNTING, ELLIE
STREET ADDRESS 21681 INDIAN BAYOU DR
CITY-ST-ZIP FT MYERS BEACH FL ☐ DELETETITLE VD
NAME MCINTYRE, CURT
STREET ADDRESS 908 N STREET
CITY-ST-ZIP FT MYERS BEACH FL ☐ DELETETITLE SD
NAME CONGER, LEE
STREET ADDRESS 421 CONNECTICUT
CITY-ST-ZIP FT MYERS BEACH FL ☐ DELETETITLE TD
NAME MCINTYRE, DEBRA
STREET ADDRESS 908 N ST
CITY-ST-ZIP FT MYERS BEACH FL ☐ DELETETITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETETITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/S ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP2.1 TITLE D ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 900 North Street
2.4 CITY-ST-ZIP3.1 TITLE D ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP4.1 TITLE ☒ Change ☐ Addition
4.2 NAME 900 North Street
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP5.1 TITLE P/D ☐ Change ☒ Addition
5.2 NAME Kitty Taylor
5.3 STREET ADDRESS 7401 Estero Blvd.
5.4 CITY-ST-ZIP Fort Myers BEach, Fl 339316.1 TITLE V/D ☐ Change ☒ Addition
6.2 NAME Eleanor Pearson
6.3 STREET ADDRESS 145 Anchorage
6.4 CITY-ST-ZIP Fort Myers Beach, FL 33931

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Debra McIntyre

1/29/99

(941) 890-7853

Date

Daytime Phone #

CR2E037 (1/198)