

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2007 8:00 am
Secretary of State

01-11-2007 90056 011 ****61.25

DOCUMENT # N97000005069

1. Entity Name
**SAN CARLOS ISLAND LOCAL REDEVELOPMENT
CORPORATION**



Principal Place of Business
**1130 MAIN STREET
FT MYERS BEACH, FL 33931**

Mailing Address
**1130 MAIN STREET
FT MYERS BEACH, FL 33931**

40001659



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01082007

Chg-NP

CR2E037 (12/06)

4. FEI Number
65-0785141

Applied For
☐ Not Applicable

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

**JOANNE E SEMMER
37A NANCY LN
FT MYERS BEACH, FL 33931**

Name **Joanne E. Semmer**
Street Address (P.O. Box Number is Not Acceptable) **792 OAK ST.**
City **Ft. Myers Beach FL** Zip Code **33931**

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

Joanne E. Semmer

1-8-07

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, 2007**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **SEMMER, JOANNE E**
STREET ADDRESS **37A NANCY LANE**
CITY-ST-ZIP **FT MYERS BEACH, FL 33931**

☒ Change ☐ Addition
NAME **792 OAK ST.**
STREET ADDRESS **Ft. Myers Beach, FL 33931**
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **SEMMER, WILLIAM S**
STREET ADDRESS **1130 MAIN STREET**
CITY-ST-ZIP **FT MYERS BEACH, FL 33931**

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

TITLE **D** ☐ Delete
NAME **BAKER, KRISTINE N**
STREET ADDRESS **23865 LINDA LEE WAY**
CITY-ST-ZIP **FORT MYERS, FL 33913**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
TITLE
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☐ Change ☐ Addition
TITLE
NAME
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:

Joanne E. Semmer
JOANNE SEMMER

1-8-07 **239-463-2588**

Date

Daytime Phone #

239-470-4993-cell