



# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 23, 2004 8:00 am**  
**Secretary of State**

02-23-2004 90053 047 \*\*\*\*61.25

<b>DOCUMENT # N97000005662</b>					
<b>1. Entity Name</b> THE ASHLAND INC. RETIREES CLUB OF SOUTHWESTERN FLORIDA, INC.					
<b>Principal Place of Business</b> 14299 ALICO RD FT. MYERS FL 33913			<b>Mailing Address</b> 14299 ALICO RD 10230 ALICO ROAD FT. MYERS FL 33913		
<b>2. Principal Place of Business</b> Suite, Apt. #, etc.		<b>3. Mailing Address</b> Suite, Apt. #, etc.		 MOORE CR2E037 (11/03)	
<b>City &amp; State</b>		<b>City &amp; State</b>			
<b>Zip</b>		<b>Country</b>			
<b>4. FEI Number</b> 31-1591682				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> TANNER, WESLEY U 14299 ALCO RD. FT. MYERS FL 33913			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2004</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
<b>TITLE</b> PD <b>NAME</b> GARGES, ALAN R <b>STREET ADDRESS</b> 200 SUN DR. <b>CITY-ST-ZIP</b> N. FT. MYERS FL 33903-5666	<input type="checkbox"/> Delete				
<b>TITLE</b> VPD <b>NAME</b> LANGOON, ROBERT <b>STREET ADDRESS</b> 380 SEAVIEW CT. # 412 <b>CITY-ST-ZIP</b> MARCO ISLAND FL 34145	<input checked="" type="checkbox"/> Delete				
<b>TITLE</b> VPD <b>NAME</b> WALLING, PATRICIA <b>STREET ADDRESS</b> 1306 SAN MIGUEL LANE <b>CITY-ST-ZIP</b> NORTH FORT MYERS FL 33903	<input checked="" type="checkbox"/> Delete				
<b>TITLE</b> S <b>NAME</b> GREEN, CHARLOTTE <b>STREET ADDRESS</b> 11 GROUPE LANE <b>CITY-ST-ZIP</b> NAPLES FL 34112	<input type="checkbox"/> Delete				
<b>TITLE</b> TD <b>NAME</b> ZANDONA, OLIVER J <b>STREET ADDRESS</b> 4105 STEAMBOAT BEND E <b>CITY-ST-ZIP</b> FT. MYERS FL 33919	<input checked="" type="checkbox"/> Delete				
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Delete				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
<b>TITLE</b> VICE PRESIDENT <b>NAME</b> CAROL MARRS <b>STREET ADDRESS</b> 9880 TREASURE CAY <b>CITY-ST-ZIP</b> BONITA SPRINGS, FL 34135	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
<b>TITLE</b> TREASURE <b>NAME</b> SAMUEL R MARRS <b>STREET ADDRESS</b> 9880 TREASURE CAY <b>CITY-ST-ZIP</b> BONITA SPRINGS FL 34135	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
<b>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.</b>					
<b>SIGNATURE: ALAN R. GARGES</b> <i>Alan R. Garges</i>					
2/1/04 271/656-5627					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					