


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2007 8:00 am
Secretary of State

02-01-2007 90026 042 ****61.25

DOCUMENT # N98000001611 1. Entity Name UPPER CAPTIVA ROAD COMMISSION, INC.																																	
Principal Place of Business P.O. BOX 631 PINELAND, FL 33945			Mailing Address P.O. BOX 631 PINELAND, FL 33945																														
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																															
City & State		City & State																															
Zip	Country	Zip	Country	4. FEI Number 65-0827189																													
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable																													
6. Name and Address of Current Registered Agent UPPER CAPTIVA CIVIC ASSOC. 16499 PORTO BELLO ST BOKEELIA, FL 33922				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																													
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 _____ <small>Signature: typed or printed name of registered agent and title if applicable: (NOTE: Registered Agent signature required when reinstating)</small>																																	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																													
Make check payable to Florida Department of State																																	
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">D KELLEY, HART</td> <td style="width: 10%; text-align: center;">Delete</td> </tr> <tr> <td>NAME</td> <td>P.O. BOX 474</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>PINELAND, FL 33945</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;"></td> <td style="width: 10%; text-align: center;">Change</td> <td style="width: 10%; text-align: center;">Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	D KELLEY, HART	Delete	NAME	P.O. BOX 474		STREET ADDRESS	PINELAND, FL 33945		CITY - ST - ZIP			TITLE		Change	Addition	NAME				STREET ADDRESS				CITY - ST - ZIP			
TITLE	D KELLEY, HART	Delete																															
NAME	P.O. BOX 474																																
STREET ADDRESS	PINELAND, FL 33945																																
CITY - ST - ZIP																																	
TITLE		Change	Addition																														
NAME																																	
STREET ADDRESS																																	
CITY - ST - ZIP																																	
TITLE NAME STREET ADDRESS CITY - ST - ZIP			TITLE NAME STREET ADDRESS CITY - ST - ZIP																														
TITLE NAME STREET ADDRESS CITY - ST - ZIP			TITLE NAME STREET ADDRESS CITY - ST - ZIP																														
TITLE NAME STREET ADDRESS CITY - ST - ZIP			TITLE NAME STREET ADDRESS CITY - ST - ZIP																														
TITLE NAME STREET ADDRESS CITY - ST - ZIP			TITLE NAME STREET ADDRESS CITY - ST - ZIP																														
TITLE NAME STREET ADDRESS CITY - ST - ZIP			TITLE NAME STREET ADDRESS CITY - ST - ZIP																														
TITLE NAME STREET ADDRESS CITY - ST - ZIP			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: <u>Hart Kelley</u> HART KELLEY <u>1-30-07 239-395-1141</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																	

400000000



01242007 Chg-NP CR2E037 (12/06)