

# 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P06000084736

1. Entity Name  
GERACI TEAM REALTY, INC.



FILED

07 AUG 21 AM 5:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
3501 DEL PRADO BLVD.  
SUITE 100  
CAPE CORAL, FL 33904

Mailing Address  
3501 DEL PRADO BLVD.  
SUITE 100  
CAPE CORAL, FL 33904

2. Principal Place of Business - No P.O. Box #  
16520 S. Tamiami Trail

3. Mailing Address  
16520 S. Tamiami Trail

Suite, Apt. #, etc.  
Ste. 5

Suite, Apt. #, etc.  
Ste. 5

City & State  
Fort Myers, FL

City & State  
Fort Myers, FL

Zip  
33908

Country  
USA

Zip  
33908

Country  
USA

08152007

Chg-P

CR2E034 (12/06)

4. FEI Number  
20-5087618

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

GERACI, SYLVANA  
3501 DEL PRADO BLVD.  
SUITE 100  
CAPE CORAL, FL 33904

## 7. Name and Address of New Registered Agent

Name  
Sylvana, Geraci

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

16520 S. Tamiami Trail, Ste. 5

City  
Fort Myers

FL

Zip Code  
33908

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 Sylvana Geraci SYLVANA GERACI

8-20-07

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE  
NAME  
D  
SPEAR, TIMOTHY P  
STREET ADDRESS  
3501 DEL PRADO BLVD. SUITE 100  
CITY-ST-ZIP  
CAPE CORAL, FL 33904 ☐ Delete

TITLE  
NAME  
D  
GERACI, SYLVANA  
STREET ADDRESS  
3501 DEL PRADO BLVD. SUITE 100  
CITY-ST-ZIP  
CAPE CORAL, FL 33904 ☐ Delete

TITLE  
NAME  
☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
Spear, Timothy P. ☒ Change ☐ Addition  
STREET ADDRESS  
16520 S. Tamiami Trail, Ste. 5  
CITY-ST-ZIP  
Fort Myers, FL 33908

TITLE  
NAME  
Geraci, Sylvana ☒ Change ☐ Addition  
STREET ADDRESS  
16520 S. Tamiami Trail, Ste. 5  
CITY-ST-ZIP  
Fort Myers, FL 33908

TITLE  
NAME  
300109596633 ☐ Change ☐ Addition  
STREET ADDRESS  
09/18/07--01071--002 \*\*\$61.25  
CITY-ST-ZIP

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

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

TITLE  
NAME  
☐ Change ☐ Addition  
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 607, 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: Timothy Spear

8/15/07

239-887-  
1288

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #