


AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750)

**FILED**  
**Aug 10, 1999 8:00 am**  
**Secretary of State**

08-10-1999 90021 040 \*\*\*550.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # 485269</b> ✓		
1. Corporation Name <b>LEE ISLAND COAST MULTIPLE LISTING SERVICE, INC.</b>		

60969Z - 90005 - 12



Principal Place of Business 1025 SECOND STREET PO BOX 4004 FT MYERS BEACH FL 33932-1004	Mailing Address 1025 SECOND STREET PO BOX 4004 FT MYERS BEACH FL 33932-1004
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <u>2840 Winkler Avenue</u> Suite, Apt. #, etc.	2a. Mailing Address 26 <u>2840 Winkler Avenue</u> Suite, Apt. #, etc.
22 City & State 23 <u>Fort Myers, FL</u>	27 City & State 28 <u>Fort Myers, FL</u>
24 Zip <u>33916</u>	29 Zip <u>33916</u>
Country 25 <u>LEE</u>	Country 30 <u>LEE</u>

3. Date Incorporated or Qualified <b>09/29/1975</b>
4. FEI Number <b>59-1621769</b>
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>ROTH, JOSEPH E 8695 COLLEGE PKWY SUITE 305 FT MYERS FL 33919</b>
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10. Name and Address of New Registered Agent 81 Name <b>Richard Winesett</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>2248 First Street</b> 83 84 City <b>Fort Myers</b> FL 85 Zip Code <b>33901</b>
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11. Pursuant to the provisions of sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Richard Winesett (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>TRIENEN, DENISE</b> 185 JEFFERSON STREET FT MYERS BEACH FL 33931 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <b>PRICE-PARKER, ANGELA</b> 21400 BAY VILLAGE DRIVE #104 FT MYERS BEACH FL 33931 <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <b>BARRETT, THOMAS</b> 19300 NORTHBRIDGE WAY FT. MYERS FL 33912 <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>HOLLMAN, ALVIN J.</b> 130 PALERMO CIRCLE FT. MYERS BEACH FL 33931 <input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>SHAD, TERRY</b> 22652 ISLAND PINES WA #25 FT MYERS BEACH FL <input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>SHAFFER, CYNTHIA</b> PO BOX 2670 NA FT MYERS BEACH FL <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>President-elect Loomis, Denise</b>
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>President Cole, David 2419 Pinewoods Circle Naples, FL 34105</b>
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>Treasurer Barrett, Thomas 132 Pebble Shores Dr #204 - Naples, FL 34110</b>
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>Secretary Stevenson, Dolores 1704 Savona Parkway Cape Coral, FL 33904</b>
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>Imm. Past President Paul, Elizabeth 15178 Parkside Dr. #5 Fort Myers, FL 33908</b>
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>6035 Estero Blvd. Fort Myers Beach, FL 33908</b>

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(g), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Richard Winesett SIGNATURE REQUIRED Richard Winesett 8/5/99 (941)936-3537  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
**CHIEF EXECUTIVE OFFICER**

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Chief Executive Officer  
Linda Lang  
9090 West Ridge Ct.  
Fort Myers, FL 33912

485269  
609692-90005-12

