## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT #

(2)

## **FILED** Jan 30 1998 8:00am Secretary of State

C., OF LEHIGH ACRES, FLORIDA				
Principal Place of Business	Mailing Address		E SANTIS SERVI EKIN EKINI DIKUT DIRI DINIT DINIT BINKS SIDIL RIBIS DINI ALBIN DISSI DIN	/I   <b>E E</b> I
2803 LEE BLVD. LEHIGH ACRES FL 33971 US	P.O. BOX 427 LEHIGH ACRES FL 33970-04	27	3. Date Incorporated or Qualified 09/13/1963	
			4. FEI Number Applied Not App	
2. Principal Place of Business	2a. Mailing Address			
21	26		5. Certificate of Status Desired 58.75 Addition Fee Requires	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. Election Campaign Financing \$5.00 May B	ie
22	27		Trust Fund Contribution Added to Fees	<u>.                                    </u>
City & State	City & State		7. Is this nonprofit corporation a homeowners association?	
Zip Country	Zip	Country	8. This corporation owes or has paid the current year Intangib	de de
24 25	29	10	Personal Property Tax due June 30.  Yes No	.
9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Registered Agent	
		81 Name		
GARRETT, NANCY L		82 Street Add	dress (P.O. Box Number is Not Acceptable)	
217 ROOSEVELT AVE.			( ) - (	
LEHIGH ACRES FL 33972		83		ŀ
		84 City	85 Zip Code	
11 Pursuant to the provisions of Sections 617.05	02 and 617 1509 Florida Statutos	the above named cor	FL 3 25 5535	otorod
office or registered agent, or both, in the State	e of Florida. Such change was au	thorized by the corpora	poration submits this statement for the purpose of changing its registation's board of directors. I hereby accept the appointment as regist	ered
1 137 1 111.	_ <del></del>			ľ
SIGNATURE Signature, typed or printed harne of registered ag	pent and title if applicable. (NOTE:	ANCY L. C Registered Agent signature requ	ired when reinstating)  DATE	— I
	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	2
TITLE PD	☐ DELETE	1.1 TITLE	☐ Change ☐ /	Addition
NAME BUTLER, MARK		1.2 NAME		
STREET ADDRESS 210 MAPLE AVE N		1.3 STREET ADDRESS		:
CITY-ST-ZIP LEHIGH ACRES FL 33936	DELETE	1.4 CITY-ST-ZIP	ICE MODERATOR Change	Addition
NAME BATY, SCOTT	DELETE	2.1 TITLE V	ARL GARRETT 17 ROOSEVELT AVE	AUGILIUM
STREET ADDRESS 1425 YORKSHIRE ST		2.2 NAME 2.3 STREET ADDRESS 2	A ROOSEVELT AVE	
CITY-ST-ZIP PT CHARLOTTE FL		2.4 CITY-ST-ZIP	EHIGH ACRES, FL 33972	1
TITLE SD	DELETE	3.1 TITLE		Addition
NAME REHM, MARY E		3.2 NAME	rm and a	
STREET ADDRESS 213 FIRESIDE COURT		3.3 STREET ADDRESS		
CITY-ST-ZIP LEHIGH ACRES FL		3.4. C/TY-ST-ZIP	ziP: 3397	12
TITLE TD	DELETE	4.1 TITLE	Change L	Addition
NAME GARRETT, NANCY L		4. 2 NAME		
STREET ADDRESS 217 ROOSEVELT AVE.		4.3 STREET ADDRESS		
CITY-ST-ZIP LEHIGH ACRES FL		4.4 CITY-ST-ZIP	Z1P: 33972 ⊠ Change □ /	2
TITLE	DELETE	5.1 TITLE	☐ Change ☐ A	ddition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE	☐ DELETE	6.1 TITLE	Change	Addition
NAME		6.2 NAME		
STREET ADDRESS				1
CITY-ST-ZIP		6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.