

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 710979

(6)

1. Corporation Name

CAMILLE GARDENS NO. 1, INC.



Principal Place of Business

Mailing Address

**2210 GLADIOLA DR
LEHIGH ACRES FL 33936**

**2210 GLADIOLA DR
LEHIGH ACRES FL 33936**

3. Date Incorporated or Qualified
06/07/1966

3a. Date of Last Report
03/20/1995

2. Principal Place of Business

2a. Mailing Address

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4. FEI Number

59-1226118

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LEWIS, HELMAR
2210 GLADIOLA DR
LEHIGH ACRES FL 33936**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **DVP**
STREET ADDRESS **MANNING, HENRY**
CITY-ST-ZIP **2206 GLADIOLA DRIVE**
LEHIGH ACRES, FL 00000

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **Weben Gisela**
1.3 STREET ADDRESS **2211 Gladiola Drive**
1.4 CITY-ST-ZIP **Lehigh Acres, FL 33936**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **FEJES, DOROTHY**
CITY-ST-ZIP **2214 GLADIOLA DR**
LEHIGH ACRES, FL 00000

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **AP**
2.3 STREET ADDRESS **CATTs, Margaret**
2.4 CITY-ST-ZIP **2215 Gladiola Drive**
Lehigh Acres, FL 33936

TITLE ☐ DELETE
NAME **AD**
STREET ADDRESS **SLAWSON, GERTRUDE**
CITY-ST-ZIP **2201 GLADIOLA DR.**
LEHIGH ACRES, FL 00000

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **TD**
STREET ADDRESS **LEWIS, HELMAR**
CITY-ST-ZIP **2210 GLADIOLA DR**
LEHIGH ACRES, FL 00000

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **SD**
STREET ADDRESS **SHEARER, DOROTHY**
CITY-ST-ZIP **2200 GLADIOLA DR.**
LEHIGH ACRES FL

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME **S**
5.3 STREET ADDRESS **SHEARER, Dorothy**
5.4 CITY-ST-ZIP **2200 Gladiola Drive**
Lehigh Acres, FL 33936

TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **STELZER, JOHN**
CITY-ST-ZIP **2202 GLADIOLA DRIVE**
LEHIGH ACRES FL

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Dorothy Shearer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dorothy Shearer 3/1/96

941-369-4091
Daytime Phone #

CR2E037 (12/95)