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Mar 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 715442 (0)

1. Corporation Name
COMMUNITY COUNCIL OF LEHIGH ACRES FLORIDA, INC.



Principal Place of Business 609 NORTH AVENUE P.O. BOX 725 LEHIGH ACRES FL 33936	Mailing Address 609 NORTH AVENUE P.O. BOX 725 LEHIGH ACRES FL 33970-0725
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3. Date Incorporated or Qualified 10/18/1968	3a. Date of Last Report 02/27/1996
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21. Principal Place of Business 216 ROBERT AVE	2a. Mailing Address 216 ROBERT AVE
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc. P O Box 725
23. City & State LEHIGH ACRES, FL.	28. City & State LEHIGH ACRES FL
24. Zip 33972	25. Country LEE
29. Zip 33970-0725	30. Country LEE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**BAKER, WILLARD W.
609 NORTH AVENUE
LEHIGH ACRES FL 33936**

10. Name and Address of New Registered Agent

81 Name JOHN PIETRANGELO
82 Street Address (P.O. Box Number is Not Acceptable)
83 216 ROBERT AVE
84 City LEHIGH ACRES
85 Zip Code FL 33972

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 617.0502, Florida Statutes.

SIGNATURE: *John Pietrangelo* **JOHN PIETRANGELO PRESIDENT** **3/4/97**
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE PD	<input checked="" type="checkbox"/> DELETE
NAME BAKER, WILLARD W.	
STREET ADDRESS 609 NORTH AVENUE	
CITY-ST-ZIP LEHIGH ACRES FL	
TITLE VD	<input checked="" type="checkbox"/> DELETE
NAME BLUMBURG, PHILLIP	
STREET ADDRESS 1218 JEFFERSON AVE	
CITY-ST-ZIP LEHIGH ACRES FL	
TITLE SD	<input checked="" type="checkbox"/> DELETE
NAME ANDERSON, BETH	
STREET ADDRESS 220 SOUTH MAPLE AVE	
CITY-ST-ZIP LEHIGH ACRES FL	
TITLE TD	<input type="checkbox"/> DELETE
NAME BERGER, MARVIN	
STREET ADDRESS 1205 EAST 3RD ST	
CITY-ST-ZIP LEHIGH ACRES FL	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME PIETRANGELO, JOHN	
1.3 STREET ADDRESS 216 ROBERT AVE	
1.4 CITY-ST-ZIP LEHIGH ACRES, FL. 33972	
2.1 TITLE VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME LANG, CARLO C.	
2.3 STREET ADDRESS 120 JEFFERSON AVE.	
2.4 CITY-ST-ZIP LEHIGH ACRES, FL. 33972	
3.1 TITLE SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME HORRAN, NEAL	
3.3 STREET ADDRESS 221 ROOSEVELT AVE	
3.4 CITY-ST-ZIP LEHIGH ACRES, FL. 33972	
4.1 TITLE TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME SAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 unchanged, or on an attachment with an address.

SIGNATURE: *John Pietrangelo* **JOHN PIETRANGELO PRESIDENT** **3/4/97**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0056076

CR2E037 (9/96)