

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **715442** (0)
1. Corporation Name
COMMUNITY COUNCIL OF LEHIGH ACRES FLORIDA, INC.



Principal Place of Business 216 ROBERT AVE LEHIGH ACRES FL 33972 US		Mailing Address 216 ROBERT AVE P O BOX 725 LEIGH ACRES FL 33970-725 US		3. Date Incorporated or Qualified 10/18/1968	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		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		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent PIETRANGELO, JOHN 216 ROBERT AVE LEHIGH ACRES FL 33972		10. Name and Address of New Registered Agent 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	PD PIETRANGELO, JOHN 216 ROBERT AVE LEHIGH ACRES FL	1.1 TITLE	
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD LANE, CARLO C 120 JEFFERSON AVE LEHIGH ACRES FL	2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	SD HORROM, NEAL 221 ROOSEVELT AVE LEHIGH ACRES FL	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	TD BERGER, MARVIN 1205 EAST 3RD ST LEHIGH ACRES FL	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	ND AN	5.1 TITLE	VICE PRESIDENT DIRECTOR
NAME		5.2 NAME	ANGLUCKIS, RICHARD
STREET ADDRESS		5.3 STREET ADDRESS	643 GRANDVIEW DRIVE
CITY-ST-ZIP		5.4 CITY-ST-ZIP	LEHIGH ACRES FL 33936
TITLE		6.1 TITLE	CORRESPONDING SECRETARY
NAME		6.2 NAME	KEN THOMPSON
STREET ADDRESS		6.3 STREET ADDRESS	403 D JOAN AVE.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	LEHIGH ACRES, FL 33971

14. I 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 if changed, or on an attachment with an address.

SIGNATURE: *John Pietrangelo* **JOHN PIETRANGELO** 2/23/98 841-368-6631

CR2E037 (1097)