

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 718253

1. Entity Name

CONCORD CONDOMINIUM ASSOCIATION OF LEHIGH ACRES, INC.

Principal Place of Business

530 CONSTRUCTION LANE.. #1
LEHIGH ACRES FL 33936
US

Mailing Address

P.O. BOX 402
LEHIGH ACRES FL 33936-0402
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-1313298

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHIELDS, CHRISTOPHER J
C/O PAVESE, GARNER, HAVERFIELD ET AL
1833 HENDRY ST
FT MYERS FL 33901

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D
NAME LARSON, JUNE ☒ Delete
STREET ADDRESS 1380 ARCHER ST, APT 2
CITY-ST-ZIP LEHIGH ACRES FL 33972

TITLE D
NAME Bonnie Smith ☐ Change ☒ Addition
STREET ADDRESS 177 Caldwell St.
CITY-ST-ZIP Chillicothe, OH 45601

TITLE PTD
NAME SOLTYS EMIL ☐ Delete
STREET ADDRESS 1380 ARCHER ST APT 5
CITY-ST-ZIP LEHIGH ACRES FL 33972

TITLE SD
NAME ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE SD
NAME THOMAS, JUANITA ☐ Delete
STREET ADDRESS 1380 ARCHER ST # 8
CITY-ST-ZIP LEHIGH ACRES FL 33972

TITLE PD
NAME ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Juanita Thomas* PRESIDENT 4/25/02 (239) 368-6741
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91521 004 ****61.25



DO NOT WRITE IN THIS SPACE

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