

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90307 041 ****61.25

0089577

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

23 Colorado Rd
Suite, Apt. #, etc.

3. Mailing Address

P.O. box 159
Suite, Apt. #, etc.

City & State

Lehigh Acres FL

Zip

33936

Country

City & State

Lehigh Acres FL

Zip

33970

Country

4. FEI Number **59-1313298**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **Robert Bowers**

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

23 Colorado Rd

City **Lehigh Acres**

FL

Zip Code **33936**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Robert Bowers

Robert Bowers

3-26-03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **SMITH, BONNIE**
STREET ADDRESS **177 CALDWELL STREET**
CITY-ST-ZIP **CHILlicothe OH 45601**

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

TITLE ☐ Change ☐ Addition
NAME **Juanita Thomas**
STREET ADDRESS
CITY-ST-ZIP **3-26-03**

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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-26-03

Date

Daytime Phone #

CR2E037 (10/02)