2002 UNIFORM BUSINESS REPORT (UBR)

Mar 14, 2002 8:00 am **DOCUMENT # 753436 Secretary of State** 02-04-2002 90260 043 ****61.25 COUNTRY CLUB ESTATES ASSOCIATION OF LEHIGH ACRES .INC. Principal Place of Business Mailing Address 70 ORTONA P O BOX 25 LEHIGH ACRE FL 33972 LEHIGH ACRES FL 33970 2. Principal Place of Business 3. Mailing Address 1421 ARCHER Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 59-0899094 LEHIOH Not Applicable Zio Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent ... 6. Name and Address of Current Registered Agent KOBERT MARINO Street Address (P.O. Box Number is Not Acceptable) EMBER, WILLIAM N. -70 ORTONA ST. ARCHER ST. LEHIGH ACRES FL 33972 339 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. 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Delete TITLE TITLE ROBERT MARINO EMBER, WILLIAM N <u>5</u> NAME MALKE 1421 ARCHER ST E037 STREET ADDRESS 70 ORTONA ST. STREET ADDRESS LEHIGH ACRES. FL CITY-ST-ZIP LEHIGH ACRES FL 33972 CITY-ST-7IP TITLE Addition TITLE Delete SLANKER, FRANK M NAME NAME STREET ADDRESS 120 ORTONA ST. STREET ADDRESS CITY-ST-7IP LEHIGH ACRES FL 33972 CITY-ST-ZIP TITLE Dělátá TITLE ☐ Change **GOLDING, LOIS** NAME NAME 311 MALABAR ST. STREET ADDRESS STREET ADDRESS CITY:ST-ZIP LEHIGH ACRES FL 33972 CITY-ST-ZIP **Deleta** Do Change Addition TITI F TITLE WILLIAM N. EMBER MARINO, ROBERT NAME NAME TO DRTONA ST. 1421 ARCHER ST. STREET ADORESS STREET ADDRESS CITY-ST-ZIP LEHIGH ACRES FL 33972 CITY-ST-ZIP LEHIGH ACRES FL 339 Delete TITLE ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP T(T) F ☐ Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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: Data Daytime Phone &

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FILED