

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **763144** (3)
1. Corporation Name
CENTRE COURT I CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: **2121 COLLIER AVENUE FT MYERS FL 33901**
Mailing Address: **2121 COLLIER AVENUE #200 FT MYERS FL 33901 US**

3. Date Incorporated or Qualified: **05/06/1982**
3a. Date of Last Report: **03/13/1995**
4. FEI Number: **31-1009471**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent
**PRISCILLA MURPHY REALTY, INC.
13831 VECTOR AVE
STE. #105
FT. MYERS FL 33907**

10. Name and Address of New Registered Agent (81-84) and 85. Zip Code: **FL**

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: _____ (NOTE: Registered Agent signature required when resigning) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD NAME: HAYES, CHARLIE STREET ADDRESS: 2121 COLLIER AVE #202 CITY-ST-ZIP: FT. MYERS FL 33901	<input checked="" type="checkbox"/> DELETE	1.1 TITLE: PD 1.2 NAME: WANGLE, INEZ 1.3 STREET ADDRESS: 2121 COLLIER AVENUE #413 1.4 CITY-ST-ZIP: FORT MYERS, FL 33901	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: MILLER, ED STREET ADDRESS: 2121 COLLIER AVE #205 CITY-ST-ZIP: FT. MYERS FL 33901	<input type="checkbox"/> DELETE	2.1 TITLE: 2.2 NAME: 2.3 STREET ADDRESS: 2.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SD NAME: MEISTER, LESTER STREET ADDRESS: 2121 COLLIER AVENUE #415 CITY-ST-ZIP: FT. MYERS FL 33901	<input type="checkbox"/> DELETE	3.1 TITLE: 3.2 NAME: 3.3 STREET ADDRESS: 3.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TD NAME: WILLIAMS, MARGUERITE C. STREET ADDRESS: 2121 COLLIER AVENUE #217 CITY-ST-ZIP: FT. MYERS FL 33901	<input type="checkbox"/> DELETE	4.1 TITLE: 4.2 NAME: 4.3 STREET ADDRESS: 4.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VP NAME: HAMILTON, BOB STREET ADDRESS: 2121 COLLIER AVE, #118 CITY-ST-ZIP: FT. MYERS FL 33901	<input type="checkbox"/> DELETE	5.1 TITLE: 5.2 NAME: 5.3 STREET ADDRESS: 5.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: TASLER, BUD STREET ADDRESS: 2121 COLLIER AVE #208 CITY-ST-ZIP: FT. MYERS FL	<input type="checkbox"/> DELETE	6.1 TITLE: 6.2 NAME: 6.3 STREET ADDRESS: 6.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Lester Meister - Lester Meister Date: 2/1/96 941-936-5960 Daytime Phone #

CR2E037 (12/95)