

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 # 770138 (6)
1. Corporation Name
THE GULF PLACE CONDOMINIUM ASSOCIATION OF LEHIGH, INC.



Principal Place of Business
**1716 FOWLER STREET
FT. MYERS FL 33901
US**

Mailing Address
**P O BOX 105
LEHIGH ACRES FL 33970
US**

3. Date Incorporated or Qualified **09/07/1983** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

23 City & State 28 City & State

24 Zip 25 Country 29 Zip 30 Country

4. FEI Number **59-2157838** 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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**NELL, THOMAS R
1716 FOWLER ST
FT MYERS FL 33901**

81 Name **A.B. Reynolds and Associates**
82 Street Address (P.O. Box Number is Not Acceptable) **801 Leeland Heights Blvd.**
83
84 City **Lehigh Acres, FL** 85 Zip Code **33936**

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 **A.B. Reynolds**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-26-96

12. OFFICERS AND DIRECTORS

TITLE	SD	☒ DELETE
NAME	BENSON, DONALD L	
STREET ADDRESS	557 FOXCREAK DR	
CITY-ST-ZIP	LEHIGH ACRES FL	
TITLE	VP	☒ DELETE
NAME	WIEGELE, MARGOT	
STREET ADDRESS	AN DER LAN STR. 27.A-6020	
CITY-ST-ZIP	INSBRUCH, AUSTRIA	
TITLE	TD	☐ DELETE
NAME	BENSON, REGINE	
STREET ADDRESS	1240 HOMESTEAD RD.	
CITY-ST-ZIP	LEHIGH ACRES FL	
TITLE	PD	☒ DELETE
NAME	HENNE, LILLY	
STREET ADDRESS	608 GERALD AVE., #224	
CITY-ST-ZIP	LEHIGH ACRES FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	President	☐ Change ☐ Addition
12 NAME	Lilly Henne	
13 STREET ADDRESS	608-224 Gulf Place 1, Gerald Ave	
14 CITY-ST-ZIP	Lehigh Acres, FL 33936	
21 TITLE	Vice President	☐ Change ☒ Addition
22 NAME	Rais Akanda	
23 STREET ADDRESS	606-114 Gerald Ave	
24 CITY-ST-ZIP	Lehigh Acres, FL 33936	
31 TITLE	Secretary	☐ Change ☐ Addition
32 NAME	Regine Benson	
33 STREET ADDRESS	557 Foxcreek Dr	
34 CITY-ST-ZIP	Lehigh, FL 33936	
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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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: **Regine Benson** **REGINE BENSON** **4-26-1996** **941-368-2121**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)