

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N01050 (6)

1. Corporation Name

EVERGLADES CITY CLUB LODGE & VILLAS II CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

**BUCKNER AVE
SUITE 810
EVERGLADES CITY FL 33929**

**536 WEST PAR STREET
ORLANDO FL 32804
US**

3. Date Incorporated or Qualified **01/24/1984** 3a. Date of Last Report **05/22/1995**

2. Principal Place of Business

2a. Mailing Address

21 **Buckner Ave**

26 **P. O. Box 301**

4. FEI Number **65-0079825** Applied For
Not Applicable

22 **Suite 811**

27

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23 **Everglades City FL**

28 **New Boston, MI**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24 **33929**

25 **USA**

29 **48164**

30 **USA**

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

**RAY, BURRIS
536 W. PAR STREET
ORLANDO FL 32804**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84
85

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MEDING, PAUL	1.2 NAME	Abbott Greene
STREET ADDRESS	415 RED HILL RD	1.3 STREET ADDRESS	Buckner Ave Ste 821 POB 313
CITY-ST-ZIP	BRYSON CITY NC 28713	1.4 CITY-ST-ZIP	Everglades City, FL 33929
TITLE	VP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILLER, RAY	2.2 NAME	Lou Drudi
STREET ADDRESS	365 HIRTZEL RD	2.3 STREET ADDRESS	200 St. George Lane
CITY-ST-ZIP	WARREN PA 16365	2.4 CITY-ST-ZIP	St. George VT 05495
TITLE	T <input checked="" type="checkbox"/> DELETE	3.1 TITLE	S/T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BURRIS, RAYMOND	3.2 NAME	Kerrie Chobot
STREET ADDRESS	536 W. PAR ST.	3.3 STREET ADDRESS	18615 Hannan Rd POB 301
CITY-ST-ZIP	ORLANDO FL 32804	3.4 CITY-ST-ZIP	New Boston, MI 48164-0301
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EWING, DOROTHY	4.2 NAME	Dorothy Ewing
STREET ADDRESS	121 FAIRWAY CIRCLE	4.3 STREET ADDRESS	121 Fairway Circle
CITY-ST-ZIP	SMYRNA DE 19977	4.4 CITY-ST-ZIP	Smyrna DE 19977
TITLE	BMD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REAY, KERRY	5.2 NAME	Muriel Lutgert
STREET ADDRESS	18615 HANNAN RD	5.3 STREET ADDRESS	7 Las Brisas Way
CITY-ST-ZIP	NEW BOSTON MI 48164	5.4 CITY-ST-ZIP	Naples, FL 33963
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	100001758511
STREET ADDRESS		6.3 STREET ADDRESS	-03/26/96--01165--005
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***61.25

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: BY: *Kerrie Chobot*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Kerrie Chobot, Secretary-Treasurer

February 15, 1996 313-929-2474
Date

CR2E037 (12/95)