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 # N12778 (9)

1. Corporation Name

LOST CREEK VILLAGE AT VINES COUNTRY CLUB, INC.

Principal Place of Business	Mailing Address
12734 KENWOOD LANE STE - 32 FT MYERS FL 33907 US	12734 KENWOOD LANE STE - 32 FT MYERS FL 33907 US

3. Date Incorporated or Qualified: 12/27/1985

3a. Date of Last Report: 05/01/1995

2. Principal Place of Business — 21

2a. Mailing Address — 26

4. FEI Number: 59-2763947 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. — 22

Suite, Apt. #, etc. — 27

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

City & State — 23

City & State — 28

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

Zip — 24 Country — 25

Zip — 29 Country — 30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

~~GELLES, ROBERT E~~
12734 KENWOOD LANE / STE - 32
FT MYERS FL 33907

10. Name and Address of New Registered Agent

81 Name: MICHAEL FLEMING

82 Street Address (P.O. Box Number is Not Acceptable): C/O MICHAEL FLEMING & ASSOC INC

83 (SAME)

84 City: FL — 85 Zip Code

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 _____ Michael Fleming 4/29/96

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~D~~	☐ DELETE	1.1 TITLE	VP/D	☒ Change ☐ Addition
NAME	LARSON, CARL		1.2 NAME		
STREET ADDRESS	19635 LOST CREEK DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS FL		1.4 CITY-ST-ZIP		
TITLE	DP	☒ DELETE	2.1 TITLE	D	☒ Change ☐ Addition
NAME	DEANGELIS, GEORGE		2.2 NAME	JIM LAZAROFF	
STREET ADDRESS	19605 LOST CREEK DR.		2.3 STREET ADDRESS	19665 LOST CREEK DR	
CITY-ST-ZIP	FT. MYERS FL		2.4 CITY-ST-ZIP	FORT MYERS FL. 33912	
TITLE	DS	☒ DELETE	3.1 TITLE	T	☒ Change ☐ Addition
NAME	DORAN, LOUISE		3.2 NAME	JAMES BRADEN	
STREET ADDRESS	19563 LOST CREEK DR		3.3 STREET ADDRESS	19537 LOST CREEK DR	
CITY-ST-ZIP	FORT MYERS FL		3.4 CITY-ST-ZIP	FORT MYERS FL. 33912	
TITLE	~~D~~	☐ DELETE	4.1 TITLE	P/D	☒ Change ☐ Addition
NAME	SCHERER, JACK		4.2 NAME		
STREET ADDRESS	19629 LOST CREEK DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	FORT MYRS FL		4.4 CITY-ST-ZIP		
TITLE	DVT	☒ DELETE	5.1 TITLE	S/D	☒ Change ☐ Addition
NAME	WAINSCOTT, DUB		5.2 NAME	JOAN ROBERTS	
STREET ADDRESS	19632 LOST CREEK DR.		5.3 STREET ADDRESS	19602 LOST CREEK DR	
CITY-ST-ZIP	FT. MYERS FL		5.4 CITY-ST-ZIP	FORT MYERS FL. 33912	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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6-17-96

CR2E037 (12/95)

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)(i), 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: _____ JACK SCHERER 4/30/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #