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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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 33907-5634 US

C\O Marquis Management,Inc.
12661 New Brittany Blvd.
Fort Myers, Fl. 33907

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12661 New Brittany Blvd.
Fort Myers, Fl. 33907

3. Date Incorporated or Qualified: 12/27/1985
3a. Date of Last Report: 06/17/1996

4. FEI Number: 59-2763947 ☐ 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

24 | 25 | 29 | 30

9. Name and Address of Current Registered Agent

FLEMING, MICHAEL
C/O MICHAEL FLEMING & ASSOC. INC.
12734 KENWOOD LN. STE 32
FT MYERS FL 33907

10. Name and Address of New Registered Agent

81 N Stilphen, Peter
82 S Marquis Management, Inc.
83 12661 New Brittany Blvd.
84 C Fort Myers, Fl. 33907

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 Peter Stilphon PETER STILPHEN 1/20/97
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	VD LARSON, CARL 19635 LOST CREEK DR FORT MYERS FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	[illegible]	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LAZAROFF, JIM 19685 LOST CREEK DR. FT MYERS FL 33912	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	[illegible]	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BRADEN, JAMES 19537 LOST CREEK DR. FT MYERS FL 33912	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	[illegible] 19603 LOST CREEK	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SCHERER, JACK 19629 LOST CREEK DR FORT MYERS FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	[illegible]	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ROBERTS, JOAN 19602 LOST CREEK DR FORT MYERS FL 33912	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	[illegible]	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing 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 [illegible] TITLE [illegible] 1/20/97