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Apr 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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
C/O MARQUIS MANAGEMENT, INC. 12661 NEW BRITTANY BLVD FT. MYERS FL 33907 US	C/O MAQUIS MANAGEMENT, INC 12661 NEW BRITTANY BLVD. FT. MYERS FL 33907 US

2. Principal Place of Business

c/o Marquis Management, Inc.
9400 Gladiolus Drive #100
Fort Myers, Fl. 33908 US

c/o Marquis Management, Inc.
9400 Gladiolus Drive #100
Fort Myers, Fl. 33908 US

3. Date Incorporated or Qualified
12/27/1985

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

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

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

Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

24 | 25 | 29 | 30

9. Name and Address of Current Registered Agent

STILPHEN, PETER
MARQUIS MANAGEMENT, IN.C
12661 NEW BRITTANY BLVD.
FT. MYERS FL 33907

10. Name and Address of New Registered Agent

81 Stilphen, Peter
82 Marquis Management, Inc.
83 9400 Gladiolus Drive #100
84 Fort Myers, FL 33908 US
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	☐ DELETE	1.1 TITLE	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	D	☐ DELETE	2.1 TITLE	TD	☒ Change ☐ Addition
NAME	LAZAROFF, JIM		2.2 NAME		
STREET ADDRESS	19665 LOST CREEK DR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL 33912		2.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	3.1 TITLE	PD	☒ Change ☐ Addition
NAME	BRADEN, JAMES		3.2 NAME		
STREET ADDRESS	19603 LOST CREEK		3.3 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL		3.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	4.1 TITLE	V.PD	☒ Change ☐ Addition
NAME	SCHERER, JACK		4.2 NAME		
STREET ADDRESS	19629 LOST CREEK DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS FL		4.4 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	ROBERTS, JUAN		5.2 NAME	KLEBBA, JOHN	
STREET ADDRESS	19602 LOST CREEK DR		5.3 STREET ADDRESS	19633 Lost Creek Dr.	
CITY-ST-ZIP	FORT MYERS FL 33912		5.4 CITY-ST-ZIP	Fort Myers, Fl.	
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		

CR2E037 (10/97)

14. I 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: _____ 3/17/98 941-267-1647