

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90327 020 ****61.25

DOCUMENT # N95000000116 1. Entity Name LINDEN PLACE LOT OWNERS ASSOCIATION, INC.					
Principal Place of Business % ROBERT D. ROYSTON, JR. 12670 NEW BRITTANY BLVD., #101 FORT MYERS, FL 33907			Mailing Address % ROBERT D. ROYSTON, JR. 12670 NEW BRITTANY BLVD., #101 FORT MYERS, FL 33907		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0666964	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ROYSTON, ROBERT D JR. 12670 NEW BRITTANY BLVD. #101 FORT MYERS, FL 33907				Name Street Address (P.O. Box Number is Not Acceptable) City	
				FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DP	☐ Delete		TITLE	☐ Change ☐ Addition
NAME	ROYSTON, ROBERT D JR.			NAME	
STREET ADDRESS	12670 NEW BRITTANY BLVD.			STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS, FL 33907			CITY-ST-ZIP	
TITLE	DV	☐ Delete		TITLE	☐ Change ☐ Addition
NAME	COSTELLO, TRUMAN J			NAME	
STREET ADDRESS	12670 NEW BRITTANY BLVD.			STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS, FL 33907			CITY-ST-ZIP	
TITLE	DST	☒ Delete		TITLE	☐ Change ☐ Addition
NAME	SIMS, L. DAVID			NAME	
STREET ADDRESS	12670 NEW BRITTANY BLVD.			STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS, FL 33907			CITY-ST-ZIP	
TITLE		☐ Delete		TITLE	☐ Change ☒ Addition
NAME				NAME	S, T
STREET ADDRESS				STREET ADDRESS	Randal L. Mercer
CITY-ST-ZIP				CITY-ST-ZIP	c/o CB Richard Ellis
TITLE		☐ Delete		TITLE	☐ Change ☐ Addition
NAME				NAME	8771 College Parkway, Suite 101
STREET ADDRESS				STREET ADDRESS	Fort Myers, FL 33919
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		☐ Delete		TITLE	☐ Change ☐ Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, without being listed or numbered.					
SIGNATURE: _____ 4/15/04					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					