

# 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 # 709529 (2)**

1. Corporation Name

**CAPE CORAL RETIRED CITIZENS, INC.**



Principal Place of Business

**5819 DRIFTWOOD PKWY  
CAPE CORAL FL 33904**

Mailing Address

**5819 DRIFTWOOD PKWY  
CAPE CORAL FL 33904**

3. Date Incorporated or Qualified  
**08/31/1965**

3a. Date of Last Report  
**02/02/1995**

2. Principal Place of Business

2a. Mailing Address

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4. FEI Number  
**23-7229224**

Applied For  
☐ Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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

City & State

City & State

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

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

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LLOYD, THELMA  
4907 SW 2ND PLACE  
CAPE CORAL FL 33914**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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

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 **P** ☐ DELETE  
NAME **PATTERSON, JOAN**  
STREET ADDRESS **5920 SW 1ST CT**  
CITY-ST-ZIP **CAPE CORAL FL**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **LATWINSKI, EDWARD**  
STREET ADDRESS **2801 SE 17TH PLACE**  
CITY-ST-ZIP **CAPE CORAL FL**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **DT** ☐ DELETE  
NAME **LLOYD, THELMA**  
STREET ADDRESS **4907 SW 2ND PLACE**  
CITY-ST-ZIP **CAPE CORAL FL**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE **AT** ☒ DELETE  
NAME **SOWKO, JOHN J**  
STREET ADDRESS **4827 SW 2ND PLACE**  
CITY-ST-ZIP **CAPE CORAL FL**

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME **AT**  
4.3 STREET ADDRESS **WARKENTIN, RUTH**  
4.4 CITY-ST-ZIP **2516 SE 22nd AV  
CAPE CORAL FL**

TITLE **DVP** ☐ DELETE  
NAME **RANDALL, MARGE**  
STREET ADDRESS **2019 SE 10TH LANE**  
CITY-ST-ZIP **CAPE CORAL FL**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE **S** ☒ DELETE  
NAME **CARPENTIER, LEONORA**  
STREET ADDRESS **619 SE 47TH ST**  
CITY-ST-ZIP **CAPE CORAL FL**

6.1 TITLE ☒ Change ☐ Addition  
6.2 NAME **S**  
6.3 STREET ADDRESS **CROSSMAN, ALICE**  
6.4 CITY-ST-ZIP **1014 SE 43rd Ter.  
CAPE CORAL FL**

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:

*Thelma Lloyd*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THELMA LLOYD

2/4/96

941 542 1040

Date

Daytime Phone #

CR2E037 (12/95)