


FILE NOW: FILING FEE IS \$61.25

FILED

Jan 29 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

08/31/1965

4. FEI Number

23-7229224

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

7. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☒ No

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

TITLE	P	<input type="checkbox"/> DELETE
NAME	CARPENTIER, JOE	
STREET ADDRESS	619 SE 47TH STREET	
CITY-ST-ZIP	CAPE CORAL FL	

TITLE	VP	<input type="checkbox"/> DELETE
NAME	CARPENTIER, LEONORA	
STREET ADDRESS	619 SE 47TH STREET	
CITY-ST-ZIP	CAPE CORAL FL	

TITLE	DT	<input type="checkbox"/> DELETE
NAME	LLOYD, THELMA	
STREET ADDRESS	4907 SW 2ND PLACE	
CITY-ST-ZIP	CAPE CORAL FL	

TITLE	AT	<input type="checkbox"/> DELETE
NAME	WARKENTIN, RUTH	
STREET ADDRESS	2516 SE 22ND AVENUE	
CITY-ST-ZIP	CAPE CORAL FL	

TITLE	DVP	<input type="checkbox"/> DELETE
NAME	RANDALL, MARGE	
STREET ADDRESS	2019 SE 10TH LANE	
CITY-ST-ZIP	CAPE CORAL FL	

TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	CROSSMAN, ALICE	
STREET ADDRESS	1014 SE 43RD TERRACE	
CITY-ST-ZIP	CAPE CORAL FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: THELMA LLOYD SIGNATURE: TheLma Lloyd 1-20-98 741-542-1040

CR2E037 (10/97)