

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90040 024 ****61.25

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 715442

1. Corporation Name

COMMUNITY COUNCIL OF LEHIGH ACRES FLORIDA, INC.

Principal Place of Business

216 ROBERT AVE
LEHIGH ACRES FL 33972
US

Mailing Address

216 ROBERT AVE
P O BOX 725
LEIGH ACRES FL 33970-725
US



1205 3rd ST E

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 Lehigh Acres FL

City & State

23 33972 Lee

Zip Country

24 33972 Lee

2a. Mailing Address

26 1205 3rd STE

Suite, Apt. #, etc.

27 Lehigh Acres

City & State

28 FL

Zip Country

29 33972 Lee

3. Date Incorporated or Qualified

10/18/1968

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

PIETRANGELO, JOHN
216 ROBERT AVE
LEHIGH ACRES FL 33972

10. Name and Address of New Registered Agent

81 Name WILLARD BAKER
82 Street Address (P.O. Box Number is Not Acceptable)
609 NORTH AVE
83
84 City Lehigh Acres FL 85 Zip Code 33972

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 *Willard W. Baker*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE April 14, 1999

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	PIETRANGELO, JOHN	
STREET ADDRESS	216 ROBERT AVE	
CITY-ST-ZIP	LEHIGH ACRES FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	LANE, CARLO C	
STREET ADDRESS	120 JEFFERSON AVE	
CITY-ST-ZIP	LEHIGH ACRES FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	HORROM, NEAL	
STREET ADDRESS	221 ROOSEVELT AVE	
CITY-ST-ZIP	LEHIGH ACRES FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BERGER, MARVIN	
STREET ADDRESS	1205 EAST 3RD ST	
CITY-ST-ZIP	LEHIGH ACRES FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	ANGLICKIS, RICHARD	
STREET ADDRESS	643 GRANDVIEW DRIVE	
CITY-ST-ZIP	LEHIGH ACRES FL 33936	
TITLE	S	<input type="checkbox"/> DELETE
NAME	THOMPSON, KEN	
STREET ADDRESS	403D JOAN AVE	
CITY-ST-ZIP	LEHIGH ACRES FL 33971	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BAKER, WILLARD	
1.3 STREET ADDRESS	609 NORTH AVE	
1.4 CITY-ST-ZIP	Lehigh Acres FL 33972	
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	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Shelor, DAMON	
3.3 STREET ADDRESS	1119 Fifth Ave	
3.4 CITY-ST-ZIP	Lehigh Acres FL 33972	
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, with all other like empowered.

SIGNATURE: *Willard W. Baker* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/99

369-0125

Daytime Phone #

CR2E037 (11/98)