

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 # 721607 (0)

1. Corporation Name

LEE COUNTY HOTEL & MOTEL ASSOCIATION, INC.



Principal Place of Business

6200 ESTERO BLVD
P O BOX 271 BRANCH 1
FT. MYERS FL 33931

Mailing Address

P.O. BOX 061158
FORT MYERS FL 33906

3. Date Incorporated or Qualified
08/30/1971

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21 1652 N. Tamiami Tr.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

23 City & State

N. Ft. Myers, FL

24 Zip Country

33903

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9. Name and Address of Current Registered Agent

BLANCHETTE, H. R.
1652 N. TAMIA MI TRAIL
20091 SUMMERLIN ROAD
NORTH FT. MYERS FL 33903

4. FEI Number

23-7082860

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

10. Name and Address of New Registered Agent

81 Name
Blanchette, H. R.

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

1652 N. Tamiami Tr.

83

84 City
N. Ft. Myers

FL

85 Zip Code
33903

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
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
HOY, PATRICK H.
4455 METRO PARKWAY
FT. MEYERS FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
BAILY, VICKY
PO BOX 194 N/A
CAPTIVA ISLAND FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CD
NAYLOR, JOHN
275 ESTERO BLVD
FORT MYERS BEACH FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
BLANCHETTE, H. R.
1652 N. TAMIA MI TRAIL
N. FT. MYERS FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MORGAN, CAROLYN
16020 CHAMBERLIN PKWY, SE
FT MYERS FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
COKES, SOLOMON
11435 S CLEVELAND AVE
FT. MYERS FL

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
PD
micheline LOBDELL
13651 Indian Point Lane
Ft. Myers, FL 33912

Change Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
VD
Harry E. Rodda
2500 Edwards Dr.
Ft. Myers, FL 33901

Change Addition

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

Change Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

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

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

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:

H. R. Blanchette

H. R. Blanchette

2/5/96 (941) 995-2455

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)