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Feb 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **721607** (0)

1. Corporation Name

LEE COUNTY HOTEL & MOTEL ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**1652 N. TAMIAHI TRAIL
P O BOX 271 BRANCH 1
NORTH FORT MYERS FL 33903
US**

**P.O. BOX 061158
FORT MYERS FL 33906-1158**

3. Date Incorporated or Qualified
08/30/1971

3a. Date of Last Report
02/09/1996

2. Principal Place of Business

2a. Mailing Address

21

26

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BLANCHETTE, H. R.
1652 N. TAMIAHI TRAIL
20091 SUMMERLIN ROAD
NORTH FORT MYERS FL 33903**

81 Name

H. R. Blanchette

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

1652 N. Tamiami Trail

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **LOBDELL, MICHELINE**
STREET ADDRESS **13851 INDIAN PAINT LANE**
CITY-ST-ZIP **FORT MYERS FL**

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

TITLE **VD** ☐ DELETE
NAME **RODDA, HARRY**
STREET ADDRESS **2500 EDWARDS DRIVE**
CITY-ST-ZIP **FORT MYERS FL**

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

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

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

TITLE **TD** ☐ DELETE
NAME **BLANCHETTE, H. R.**
STREET ADDRESS **1652 N. TAMIAHI TRAIL**
CITY-ST-ZIP **N. FT. MYERS FL**

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

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

5.1 TITLE **VD** ☐ Change ☒ Addition
5.2 NAME **Allison Belieu**
5.3 STREET ADDRESS **4003 Palm Tree Blvd**
5.4 CITY-ST-ZIP **Cape Coral, FL 33904**

TITLE **D** ☐ DELETE
NAME **COOKES, SOLOMON**
STREET ADDRESS **11435 S CLEVELAND AVE**
CITY-ST-ZIP **FT. MYERS FL**

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

14. I do 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.

CR2E037 (9/96)