

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90028 003 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 721607					
1. Corporation Name LEE COUNTY HOTEL & MOTEL ASSOCIATION, INC.					
Principal Place of Business 1652 N TAMiami TR N FT MYERS FL 33903 US			Mailing Address P.O. BOX 061158 FORT MYERS FL 33906		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		08/30/1971	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		23-7082860	
24 Country		30 Country		Applied For	
				Not Applicable	
5. Certificate of Status Desired				<input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing				<input type="checkbox"/> \$5.00 May Be Added to Fees	
Trust Fund Contribution					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HOGAN, HARRY 684 ESTERO BLVD FT MYERS BEACH FL 33931				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	CD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LOBDELL, MICHELINE			1.2 NAME			
STREET ADDRESS	13651 INDIAN PAINT LANE			1.3 STREET ADDRESS			
CITY-ST-ZIP	FORT MYERS FL			1.4 CITY-ST-ZIP			
TITLE	VD			2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HOGAN, HARRY			2.2 NAME			
STREET ADDRESS	684 ESTERO BLVD			2.3 STREET ADDRESS			
CITY-ST-ZIP	FT MYERS BEACH FL 33931			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	NAYLOR, JOHN			3.2 NAME			
STREET ADDRESS	275 ESTERO BLVD			3.3 STREET ADDRESS			
CITY-ST-ZIP	FORT MYERS BEACH FL			3.4 CITY-ST-ZIP			
TITLE	TD	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BLANCHETTE, H. R.			4.2 NAME			
STREET ADDRESS	1652 N. TAMiami TRAIL			4.3 STREET ADDRESS			
CITY-ST-ZIP	N. FT. MYERS FL			4.4 CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BELLEW, ALLISON			5.2 NAME			
STREET ADDRESS	4003 PALM TREE BLVD			5.3 STREET ADDRESS			
CITY-ST-ZIP	CAPE CORAL FL			5.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	COOKES, SOLOMON			6.2 NAME			
STREET ADDRESS	11435 S CLEVELAND AVE			6.3 STREET ADDRESS			
CITY-ST-ZIP	FT. MYERS FL			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: *Michele Lobdell*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/99
Date

941-768-0005
Daytime Phone #

CR2E037 (11/98)