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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 27 AM 11:02

DOCUMENT # **729746** **(8)**

1. Corporation Name

THE CONNECTICUT CLUB OF LEE COUNTY, FLORIDA, INC

Principal Place of Business	Mailing Address
5610 DRIFTWOOD PARKWAY CAPE CORAL FL 33904-5926	3717 S.E. 3RD AVE. CAPE CORAL FL 33904 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/23/1974	3a. Date of Last Report: 02/23/1994
4. FEI Number: 59-2235832	☐ 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

SALVATO, TONY
3717 S.E. 3RD AVE.
CAPE CORAL FL 33904

10. Name and Address of New Registered Agent

81 Name: Same

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

83

84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☒ Change ☐ Addition DP
NAME	MACDONALD, BETTY	12 NAME	MARCUS, ARNOLD
STREET ADDRESS	1907 CORNWALLIS PKWY.	13 STREET ADDRESS	1009 S.W. 32 TERR.
CITY-ST-ZIP	CAPE CORAL FL	14 CITY-ST-ZIP	CAPE CORAL, FL 33914
TITLE	DVP	21 TITLE	☒ Change ☐ Addition DVP
NAME	BERECZ, VICTOR	22 NAME	FARRIS, VESTA
STREET ADDRESS	4518 VINCENNES BLVD.	23 STREET ADDRESS	3420 S.E. 5 AVE
CITY-ST-ZIP	CAPE CORAL FL	24 CITY-ST-ZIP	CAPE CORAL, FL 33914
TITLE	DT	31 TITLE	☐ Change ☐ Addition DT
NAME	SALVATO, TONY	32 NAME	TONY SALVATO
STREET ADDRESS	3717 S.E. 3RD AVE.	33 STREET ADDRESS	3717 S.E. 3rd Ave
CITY-ST-ZIP	CAPE CORAL FL	34 CITY-ST-ZIP	Cape Coral Fla
TITLE	DRS	41 TITLE	☒ Change ☐ Addition DRS
NAME	COLMER, GAIL	42 NAME	CONNORS, BETTY
STREET ADDRESS	188 OVERLAND TRAIL	43 STREET ADDRESS	913 W. 32 ST.
CITY ST ZIP	N. FT. MYERS FL	44 CITY ST ZIP	CAPE CORAL, FL 33914
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

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)(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: _____ ARNOLD MARCUS 3/17/95 813-945-7124
SIGNATURE AND TYPED OR PRINTED NAME OF DIGNING OFFICER OR DIRECTOR (Title) (Daytime Phone #)

000285B