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 # 729746 (8)

1. Corporation Name

THE CONNECTICUT CLUB OF LEE COUNTY, FLORIDA, INC

Principal Place of Business
5610 DRIFTWOOD PARKWAY
CAPE CORAL FL 33904-5926

Mailing Address
3717 S.E. 3RD AVE.
CAPE CORAL FL 33904
US

3. Date Incorporated or Qualified: 05/23/1974
3a. Date of Last Report: 03/27/1995

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 1009 S.W. 32 TERR.
Suite, Apt. #, etc.
27
City & State
28 CAPE CORAL FL
Zip 29 33914 Country 30 U.S.

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

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: ARNOLD MARCUS
82 Street Address (P.O. Box Number is Not Acceptable): 1009 S.W. 32 TERR.
83
84 City: CAPE CORAL FL 85 Zip Code: 33914

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] ARNOLD MARCUS (T) 3/18/96
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	DP	☐ DELETE
NAME	MARCUS, ARNOLD	
STREET ADDRESS	1009 S.W. 32 TERR.	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	DVP	☐ DELETE
NAME	FARRIS, VESTA	
STREET ADDRESS	3420 SE 5 AVE	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	DT	☐ DELETE
NAME	TONY SALVATO	
STREET ADDRESS	3L717 SE 3RD AVE	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	DRS	☐ DELETE
NAME	CIBBIRSM BETTY	
STREET ADDRESS	713 W. 52 ST.	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	☒ Change ☐ Addition
1.2 NAME	VESTA FARRIS	
1.3 STREET ADDRESS	3420 S.E. 5 AVE.	
1.4 CITY-ST-ZIP	CAPE CORAL FL 33914	
2.1 TITLE	V	☒ Change ☐ Addition
2.2 NAME	THERESA SCHAEFFER	
2.3 STREET ADDRESS	1212 S.W. 13 St.	
2.4 CITY-ST-ZIP	CAPE CORAL FL 33991	
3.1 TITLE	T	☒ Change ☐ Addition
3.2 NAME	ARNOLD MARCUS	
3.3 STREET ADDRESS	1009 S.W. 32 TERR	
3.4 CITY-ST-ZIP	CAPE CORAL, FL 33914	
4.1 TITLE	S	☒ Change ☐ Addition
4.2 NAME	SHIRLEY GOBEL	
4.3 STREET ADDRESS	1206 S.W. 13 TERR.	
4.4 CITY-ST-ZIP	CAPE CORAL, FL 33991	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		M.M.
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		4-4-96
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME	61.25 LETTER #	
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP	# Dep by Bank 896A00013941	

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: [signature] ARNOLD MARCUS 3/18/96 941-945-7124
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)