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Feb 21 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 729746 (8)
1. Corporation Name
THE CONNECTICUT CLUB OF LEE COUNTY, FLORIDA, INC



Principal Place of Business Mailing Address
5610 DRIFTWOOD PARKWAY 1009 S.W. 32 TERRACE
CAPE CORAL FL 33904-5926 CAPE CORAL FL 33914-5245
US

3. Date Incorporated or Qualified 05/23/1974 3a. Date of Last Report 04/04/1996
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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARCUS, ARNOLD
1009 S.W. 32 TERRACE
CAPE CORAL FL 33914

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 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 DT ☐ DELETE
NAME MARCUS, ARNOLD
STREET ADDRESS 1009 S.W. 32 TERR.
CITY-ST-ZIP CAPE CORAL FL 33914
TITLE DP ☒ DELETE
NAME FARRIS, VESTA
STREET ADDRESS 3420 SE 5 AVE
CITY-ST-ZIP CAPE CORAL FL 33914
TITLE DV ☐ DELETE
NAME SCHAEFFER, THERESA
STREET ADDRESS 1212 S.W. 13TH ST.
CITY-ST-ZIP CAPE CORAL FL 33991
TITLE DS ☒ DELETE
NAME GUIEL, SHIRLEY
STREET ADDRESS 1206 S.W. 13 TERRACE
CITY-ST-ZIP CAPE CORAL FL 33991
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 ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE DP ☒ Change ☐ Addition
2.2 NAME GUIEL, SHIRLEY
2.3 STREET ADDRESS 1206 S.W. 13 TERRACE
2.4 CITY-ST-ZIP CAPE CORAL FL 33991
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE DS ☒ Change ☐ Addition
4.2 NAME MARY LA FLEUR
4.3 STREET ADDRESS 2604 EVEREST PKWAY
4.4 CITY-ST-ZIP CAPE CORAL FL 33904
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition
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, and an attachment with an address.

SIGNATURE:

ARNOLD MARCUS
2/16/97
0086747

Date

Daytime Phone # 941-945-7124

CR2E037 (9/96)