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NONPROFIT CORPORATION ANNUAL REPORT

SIGNATURE: _



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

1996

DOCUMENT # 750195

1. Corporation Name

(0)

LORA LANE I CONDOMINIUM ASSOCIATION, INC.

Date of Low							
Principal Place of Business		Mailing Address		1 100011 10201 31416 9	anas masa latah diti Elbi	LOLDH GHOH DI	III EVEN BLEH HEEL
205 UTAH AVENUE FT. Myers FL 33905		205 UTAH AVENUE FT. MYERS FL 33905					
2. Principal F	Place of Business			3. Date incorporated o 12/13/1979		Date of Las 05/01/	st Report 1995
21		2a. Mailing Address 26		4. FEI Number NOT APPLK	CABLE		Applied For
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.				<u> </u>	Not Applicable
City & State		City & State		5. Certificate of Status Desired \$8.75 Additional Fee Required			
23				6. Election Campaign Financing \$5.00 May Be			
Zip	Country	28 Zip		Trust Fund Contribut		Add	ed to Fees
24	25	29	Country	8. This corporation has	liability for intangible	tax under s	s. 199.032,
	9. Name and Address of Curr	ent Registered Agent	[30]	Florida Statutes	☐ Yes	□No	
			81 Name	10. Name and Address	of New Registere	d Agent	
ERICKS (on, andrew						
205 UTA	NH AVENUE		82 Street Ad	ildress (P.O. Box Number is No	t Acceptable)		
FT. MYE	RS FL 33905		63				
			84 City			85 Z	ip Code
11. Pursuant t	to the provisions of Sections 617,050 red agent, or both, in the State of Flo	02 and 617.1508. Florida Statut	es the above named com	constant a basis delication	F		•
familiar wi	red agent, or both, in the State of Flo th, and accept the obligations of, Ser	orida. Such change was authoriz	ed by the corporation's bo	pard of directors. I hereby acce	for the purpose of countrient	changing its as registered	registered office
		chorforzood, Florida Statutes	3.	,		ao rogistorac	agent. Lant
SIGNATURE _	Signature, typed or printed name of registered age	ent and title if applicable. (NC	OTF: Registered Ament one stars com	and the second			
SIGNATURE _	OFFICERS AI	ent and title if applicable. (NO	DTE: Registered Agent signature requ		DATE S TO OLEVERO AN	IIS CHOLLOTZ	
SIGNATURE _	OFFICERS AI			Pred when reinstating) ADDITIONS (CHANGE			
SIGNATURE _	PDT PTCERS AI ERICKSON, ANDREW	ND DIRECTORS	13.			ND DIFFE CTC	DBS IN 12
SIGNATURE	POT ERICKSON, ANDREW 205 UTAH AVENUE	ND DIRECTORS	13. 11 TITLE 12 NAME				
SIGNATURE	POT ERICKSON, ANDREW 205 UTAH AVENUE FT MYERS FL	ND DIRECTORS	13. 1 1 TITLE 1.2 NAME 1 3 STREET ADDRESS				
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