FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

1996 DOCUMENT #

1. Corporation Name 759968

(1)

H.O.P.I	E. OF LEE COUNTY, INC.									
Principal Place	of Business	Mailing Address				ā lādini lādāk akka lākka kaka akka) ak	FIL OFFIEL BUDIL	Olifia Bilbii i		
9470 HEALTHPARK CIR. 9470 HEALTHPARK CI FT MYERS FL 33908 FT MYERS FL 33908 US US			IR.							
US		05				3. Date Incorporated or Qualified 09/11/1981	3e. Date of Last Report 03/29/1995			
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number	•	A	pplied For	٦
21		26				59-2128697 Not Applicat			lot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired	S8.75 Additional Fee Required			
City & State		City & State			Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees				
Zip	Country	Zip	Count	ry		8. This corporation has liability for inta	angible tax	under s.	199.032,	7
24	25	29	30			Florida Statutes	Yes 🔲 N	lo		
	9. Name and Address of Current Registered Agent				Name and Address of New Reg	New Registered Agent				
			8	1 Name						1
BECKWITH, SAMIRA K.				2 Street	eet Address (P.O. Box Number is Not Acceptable)					┨
17080 HARBOUR POINTE DR #815			OF OFF ACCIO							
FT. MYE	RS FL 33908		8	3						
			8	4 City			FL	65 Zip	Code	7
or register	to the provisions of Sections 617.0502 a red agent, or both, in the State of Florida th, and accept the obligations of, Section	ı. Such change was authori	zed by the co	named co rporation's	orporation board o	on submits this statement for the purpoint directors. I hereby accept the appoint	ose of chan itment as re	ging its re gistered	egistered office agent. I am	•
SIGNATURE										
	Signature, typed or printed name of registered agent an		OTE: Registered A	gent signature r	required wh		DATE	VDEOTO	DO (N. 10)	– ফু
12.	OFFICERS AND		13.		Δ.	ADDITIONS/CHANGES TO OFFICE		Change	Addition	CR2E037 (12/95)
TITLE	P DEGLOVIENA GALARDA	DELETE	1.1 TITL			His, Lou		Change	☐ Noomon	15
NAME	BECKWITH, SAMIRA		1.2 NAM	-	16.7	42 Panther PawCourt	r			lg g
STREET ADORESS	17080 HARBOUR POINTE DR			EET ADDRESS						周
CITY - ST - ZIP	FT. MYERS FL	DELETE		-ST-ZIP		Myers, FL 33901	(2	Change	Addition	⊣હ
TILE	D	™ DECE IE	21 TiTL		VD			Charige	L. Audition	
NAME	BACHMANN, BRAD		2 2 NAM		911	es, Tom 32 SE 17+4 PL				
STREET ADDRESS	625 BEACHWALK CIR., G-201			ET ADDRESS						
CITY - ST - ZIP	NAPLES FL			Y-ST-ZIP	Cor	e Coral, FL		Change	Addition	
TITLE	VCD	DEFELE	31 TITL		SD	ves, Jim Jr, MD	L	, энан ў с	NO FOUND	
NAME	PONTIUS, LOU		32 NAM		MEE	to Broadway				
STREET ADDRESS	16742 PANTHER PAW COURT			ET ADORESS		•				
CITY-ST-ZIP	FT. MYERS FL 33901	DELETE	3.4. CIT	Y-ST-ZIP	1-4-1	nyers, FL 33901		Change	Addition	\dashv
THILF	CD SCHROOP, RUSSELL									
NAME	1304 LYNWOOD AVE		4. 2 NA/	EET ADDRESS						
STREET ADDRESS	FT. MYERS FL			-ST-ZIP						
CITY-ST-ZIP TITLE	SD	DELETE	5 1 T(TL		 			Change	Addition	┪
NAME	GILES, TOM		5.2 NAN				_		_	
STREE! ADDRESS	3532 SE 17TH PL			EET ADDRESS						
	CAPE CORAL FL			-ST-ZIP						
CITY - ST - ZIP TITLE	TD	DELETE	6.1 TITL		 		Г	Change	Addition	7
NAME	HUMPHREY, JIM		6.2 NAN				_	. •	_	
	3486 AVACADO DR			EET ADDRESS						
STREET ADDRESS	FT. MYERS FL			-ST-ZIP						
CITY-ST-ZIP 14. Edo hereb	by certify that the information supplied wi	ith this filing is voluntarily fu			alify for t	he exemption stated in Section 119.07	7(3)(k), Florid	da Statut	es. I further	┨

red in leasy sering 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:

BELLET

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2 · 9 - 96 941 · 481-7157

Date Destine Phone #