

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 08, 2005 8:00 am**  
**Secretary of State**

09-08-2005 90067 019 \*\*\*\*61.25

**DOCUMENT # N04000011681**

1. Entity Name  
**LEHIGH ACRES COMMUNITY PLANNING CORPORATION**



Principal Place of Business  
**536 WHISPERING WIND BEND  
LEHIGH ACRES, FL 33936**

Mailing Address  
**536 WHISPERING WIND BEND  
LEHIGH ACRES, FL 33936**

**50065532**



2. Principal Place of Business

**516 Lake Ave**

Suite, Apt. #, etc.

3. Mailing Address

**P.O. Box 339**

Suite, Apt. #, etc.

08052005 Chg-NP CR2E037 (10/03)

City & State

**Lehigh Acres, FL**

City & State

**Lehigh Acres, FL**

4. FEI Number

Applied For

☒ Not Applicable

Zip

**33972**

Country

**USA**

Zip

**33970**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**FLEMING, JIM  
536 WHISPERING WIND BEND  
LEHIGH ACRES, FL 33936**

7. Name and Address of New Registered Agent

Name **Bo Turbeville**

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

**516 Lake Ave**

City

**Lehigh Acres**

**FL**

Zip Code

**33972**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Richard Bo Turbeville**

Signature, typed or printed name of registered agent and title if applicable.

**Richard Bo Turbeville**

(NOTE: Registered Agent signature required when reinstating)

**8-24-05**

DATE

**Filing Fee is \$61.25  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **BARKER, WILLARD**  
STREET ADDRESS **609 N AVE**  
CITY-ST-ZIP **LEHIGH ACRES, FL 33972**

TITLE **D** ☒ Delete  
NAME **BARRETT, DESMOND**  
STREET ADDRESS **710 CLEVELAND AVE**  
CITY-ST-ZIP **LEHIGH ACRES, FL 33972**

TITLE **D** ☐ Delete  
NAME **DIFELICE, CHARLIE**  
STREET ADDRESS **702 WILLOW DR**  
CITY-ST-ZIP **LEHIGH ACRES, FL 33936**

TITLE **D** ☐ Delete  
NAME **EILF, LIZ**  
STREET ADDRESS **9 BETH STACEY BLVD**  
CITY-ST-ZIP **LEHIGH ACRES, FL 33936**

TITLE **D** ☐ Delete  
NAME **ELROD, WAYNE**  
STREET ADDRESS **1638 COVINGTON MEADOWS CR**  
CITY-ST-ZIP **LEHIGH ACRES, FL 33936**

TITLE **D** ☒ Delete  
NAME **FENG, COLIN**  
STREET ADDRESS **8240 LIROPE LOOP**  
CITY-ST-ZIP **LEHIGH ACRES, FL 33936**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **ID** ☐ Change ☒ Addition  
NAME **Jim Fleming**  
STREET ADDRESS **536 Whispering Wind Bend**  
CITY-ST-ZIP **Lehigh Acres, FL 33936**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Richard Bo Turbeville** **Richard Bo Turbeville**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #