

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011681

FILED
Jul 07, 2006
Secretary of State

Entity Name: LEHIGH ACRES COMMUNITY PLANNING CORPORATION

Current Principal Place of Business:

516 LAKE AVE
LEHIGH ACRES, FL 33972

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 339
LEHIGH ACRES, FL 33970

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

TURBEVILLE, BO
516 LAKE AVE
LEHIGH ACRES, FL 33972 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BARKER, WILLARD
Address: 609 N AVE
City-St-Zip: LEHIGH ACRES, FL 33972

Title: D (X) Delete
Name: FLEMMING, JIM
Address: 536 WHISPERING WIND BLVD
City-St-Zip: LEHIGH ACRES, FL 33936

Title: D () Delete
Name: DIFELICE, CHARLIE
Address: 702 WILLOW DR
City-St-Zip: LEHIGH ACRES, FL 33936

Title: D () Delete
Name: EILF, LIZ
Address: 9 BETH STACEY BLVD
City-St-Zip: LEHIGH ACRES, FL 33936

Title: D (X) Delete
Name: ELROD, WAYNE
Address: 1638 COVINGTON MEADOWS CR
City-St-Zip: LEHIGH ACRES, FL 33936

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BO TURBEVILLE

PRES

07/07/2006

Electronic Signature of Signing Officer or Director

Date