

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Apr 15, 2009  
Secretary of State

DOCUMENT# N07000004442

Entity Name: LEE COUNTY RESIDENT OWNED COMMUNITIES, INC.

## Current Principal Place of Business:

C/O SCOTT E. GORDON, ESQ.  
240 SOUTH PINEAPPLE AVENUE  
SARASOTA, FL 34236

## New Principal Place of Business:

C/O SCOTT E. GORDON, ESQ.  
TWO NORTH TAMiami TRAIL, SUITE 500  
SARASOTA, FL 34236

## Current Mailing Address:

C/O SCOTT E. GORDON, ESQ.  
240 SOUTH PINEAPPLE AVENUE  
SARASOTA, FL 34236

## New Mailing Address:

C/O SCOTT E. GORDON, ESQ.  
TWO NORTH TAMiami TRAIL, SUITE 500  
SARASOTA, FL 34236

FEI Number: 61-1535825

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GORDON, SCOTT E  
240 SOUTH PINEAPPLE AVENUE  
SARASOTA, FL 34236 US

## Name and Address of New Registered Agent:

GORDON, SCOTT E  
TWO NORTH TAMiami TRAIL, SUITE 500  
SARASOTA, FL 34236 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: \_\_\_\_\_

04/15/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: TOTH, JIM  
Address: 203 NICKLAUS BLVD.  
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: VP ( ) Delete  
Name: JOHNSON, HERBERT  
Address: 5517 ADAM DR.  
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: ST ( ) Delete  
Name: TINKHAM, JULIE  
Address: 9200 LITTLEON RD.  
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S (X) Change ( ) Addition  
Name: WAGNER, JEAN  
Address: 9249 CALOOSA DRIVE  
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: T ( ) Change (X) Addition  
Name: SCHUELLER, JOHN  
Address: 3193 PLUTO CIRCLE  
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: D ( ) Change (X) Addition  
Name: OLIVEIRA, BARBARA  
Address: 16555A CLEVELAND AVENUE  
City-St-Zip: NORTH FORT MYERS, FL 33903

I hereby certify that the information supplied with this filing does not qualify 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: HERBERT JOHNSON

VP

04/15/2009

Electronic Signature of Signing Officer or Director

Date