

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N08716 (5)

1. Corporation Name

GULF HARBOUR YACHT AND COUNTRY CLUB PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business

15000 MCGREGOR BLVD.
FORT MYERS FL 33908

Mailing Address

% ROBERT E GREENE, FLORIDA LIFESTYLE MGMT.
1904 CLUBHOUSE DRIVE
SUN CITY CENTER FL 33573



3. Date Incorporated or Qualified
04/15/1985

3a. Date of Last Report
04/07/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FLINN, MILT
2020 CLUBHOUSE DRIVE
SUN CITY CENTER FL 33571

81 Name

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

83

84 City

FL 85 Zip Code
33573

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME D LICHOROWIC, MATTHEW. E
STREET ADDRESS 135 CLINTON STREET
CITY-ST-ZIP WHITESBORO NY 13492

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

900001801819
-04/30/96--01100--030

TITLE ☐ DELETE

2.1 TITLE ☒ Change ☐ Addition

NAME PD FLINN, MILT
STREET ADDRESS 2020 CLUBHOUSE DRIVE
CITY-ST-ZIP SUN CITY CENTER FL 33571

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

33573

TITLE ☒ DELETE

3.1 TITLE ☐ Change ☒ Addition

NAME SD WARNER, PAT
STREET ADDRESS 15000 MCGREGOR BLVD.
CITY-ST-ZIP FT. MYERS FL 33908

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

SD
KURCHINSKI, FRANK
5000 BURNT STORE ROAD
PUNTA GORDA, FL 33955

TITLE ☐ DELETE

4.1 TITLE ☒ Change ☐ Addition

NAME D ANDERSON, BRIAN
STREET ADDRESS 15000 MCGREGOR BLVD
CITY-ST-ZIP FT MYERS FL

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TD

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☒ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

VD
KELSEY, PATRICIA A.
2020 CLUBHOUSE DRIVE
SUN CITY CENTER, FL 33573

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)