FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 9:10

DOCUMENT # N13926 (3)

1. Corporation Name
UNINCORPORATED HOMEOWNERS ASSOCIATION OF LEE COU NTY, INC.

Principal Place of Business	Mailing Address
% DUDLEY BURTON ~~232 LAGOON DR~~ FT MYERS FL 33905	% DUDLEY BURTON ~~232 LAGOON DR~~ FT MYERS FL 33905

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/18/1986
3a. Date of Last Report: 05/01/1994
4. FEI Number: NOT APPLICABLE — ☐ Applied For ☑ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 19741 N. RIVER RD	26 19741 N. RIVER RD
Suite, Apt. #, etc. 22 ALVA FLA.	Suite, Apt. #, etc. 27 ALVA FLA.
City & State 23 33920	City & State 28 33920
Zip 24	Country 25 LEE
Zip 29	Country 30 LEE

5. Certificate of Status Desired ☑ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ — $68.75 Supplemental Fee Not Required
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
BURTON, DUDLEY 558 LIGHTHOUSE WAY SANIBEL FL 33957	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	11 TITLE		☑ Change ☐ Addition
NAME	MAXWELL, STEVEN, R	12 NAME		
STREET ADDRESS	~~232 LAGOON DR~~	13 STREET ADDRESS	19741 N. RIVER RD.	
CITY-ST-ZIP	~~FT MYERS FL~~	14 CITY-ST-ZIP	ALVA FLA. 33920	
TITLE	VPT	21 TITLE		☐ Change ☐ Addition
NAME	DAVIS, HANNAH	22 NAME		
STREET ADDRESS	1564 IXORA DR	23 STREET ADDRESS		
CITY-ST-ZIP	N FT MYERS F	24 CITY-ST-ZIP		
TITLE	SD	31 TITLE	SD	☑ Change ☐ Addition
NAME	~~FLETCHER, JEAN~~	32 NAME	KATHLEEN MALAVE	
STREET ADDRESS	~~6184 MICHELLE WAY~~	33 STREET ADDRESS	~~PO BOX 654~~ 2692 GEARY ST.	
CITY-ST-ZIP	~~FT MYERS FL~~	34 CITY-ST-ZIP	MATLACHA FLA. 33909	
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	EATON, JAMES	42 NAME		
STREET ADDRESS	9040 HIGHLAND DR	43 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL	44 CITY-ST-ZIP		
TITLE	D	51 TITLE	D	☑ Change ☐ Addition
NAME	~~GARDNER, ALBERT~~	52 NAME	J. BRIAN GRIFFIN	
STREET ADDRESS	~~4939 N GALAXY DR~~	53 STREET ADDRESS	~~PO BOX 654~~ 2692 GEARY ST.	
CITY-ST-ZIP	~~FT MYERS FL~~	54 CITY-ST-ZIP	MATLACHA FLA. 33909	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

REMITTED BY MAY 1

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)(i), 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: Steven R. Maxwell 04-27-95 (813) 728-3525
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
STEVEN R. MAXWELL

0068283