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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N13926

1. Corporation Name

UNINCORPORATED HOMEOWNERS ASSOCIATION OF LEE COUNTY, INC.

Principal Place of Business

C/O BURTON, DUDLEY  
19741 N RIVER RD  
ALVA FL 33920  
US

Mailing Address

C/O BURTON, DUDLEY  
19741 N RIVER RD  
ALVA FL 33920  
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

03/18/1986

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

NOT APPLICABLE

Applied For  
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

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 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 DP ☐ DELETE

NAME MAXWELL, STEVEN, R  
STREET ADDRESS 1974 N. RIVER RD  
CITY-ST-ZIP ALVA FL

1.1 TITLE ☐ Change ☐ Addition

TITLE DP ☐ DELETE

NAME MAXWELL, STEVEN R  
STREET ADDRESS 1974 N. RIVER RD  
CITY-ST-ZIP ALVA FL

1.2 NAME ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME BLANCHETTE, H R  
STREET ADDRESS 1652 N. TAMiami TRAIL  
CITY-ST-ZIP NORTH FORT MYERS FL

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE SD ☐ DELETE

NAME MALONE, KATHLEEN  
STREET ADDRESS 2692 GEARY ST.  
CITY-ST-ZIP MATLACHA FL

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD ☐ DELETE

NAME GRIFFIN, J B  
STREET ADDRESS 2692 GEARY ST.  
CITY-ST-ZIP MATLACHA FL

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

SIGNATURE:

SIGNATURE OF REGISTERED AGENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-30-99 941-128-8825

Date Daytime Phone #

CR2E037 (11/98)