

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N15202
1. Corporation Name

(7)

DAUGHTREY'S CREEK PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

C/O THEODORE L. TRIPP, JR.
2532 EAST FIRST STREET
FORT MYERS FL 33901

C/O THEODORE L. TRIPP, JR.
2532 EAST FIRST STREET
FORT MYERS FL 33901

3. Date Incorporated or Qualified
06/02/1986

3a. Date of Last Report
05/22/1995

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

2. Principal Place of Business

2a. Mailing Address

21 7840 DENI DRIVE

26 7840 DENI DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 N. FT. MYERS, FL

28 N. FT. MYERS, FL

24 Zip

Country

29 Zip

Country

33917

USA

33917

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TRIPP, THEODORE L., JR.
2532 EAST FIRST STREET
FORT MYERS FL 33901

81 Name
DOUGLAS M. CONNELL

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

7840 DENI DRIVE

83

84 City
N. FT. MYERS

FL

85 Zip Code

33917

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

Douglas M. Connell

DOUGLAS M. CONNELL

3/17/96

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

(NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE

NAME
PD
WRIGHT, THOMAS
STREET ADDRESS
7851 DENI DR
CITY-ST-ZIP
NO FT MYERS FL

1.1 TITLE ☒ Change ☐ Addition

12 NAME
JANICE WINFORD
13 STREET ADDRESS
16117 FLAGG POND
14 CITY-ST-ZIP
N. FT. MYERS, FL 33917

TITLE ☐ DELETE

NAME
SD
NELSON, VICTORIA
STREET ADDRESS
7464 DANA LIN CIRCLE
CITY-ST-ZIP
N FT MYERS FL

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
TD
CONNELL, DOUGLAS M
STREET ADDRESS
7840 DENI DRIVE
CITY-ST-ZIP
NO FT MYERS FL

2.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
D
GARCIA, ROBBIN
STREET ADDRESS
16106 FLAGG POND LANE
CITY-ST-ZIP
N FT MYERS FL

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
D
TRENT, MIKE
STREET ADDRESS
7467 DANA-LIN
CITY-ST-ZIP
NO FT MYERS FL

3.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
D
DEWAR, JUDDSON A
STREET ADDRESS
16520 MARC ALLEN DR
CITY-ST-ZIP
NO FT MYERS FL

4.1 TITLE ☐ Change ☐ Addition

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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:

Douglas M. Connell

TREASURER
DOUGLAS M. CONNELL

2/29/96

941-543-9236

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)