

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N15202

1. Corporation Name

DAUGHTREY'S CREEK PROPERTY OWNERS ASSOCIATION, I
NC.

Principal Place of Business

7840 DENI DRIVE
C/O DOUGLAS M. CONNELL
N. FORT MYERS FL 33917

Mailing Address

7840 DENI DRIVE
C/O DOUGLAS M. CONNELL
N. FORT MYERS FL 33917



*Forgot the
check return
and the form*
STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

06/02/1986

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

Trust Fund Contribution

9. Name and Address of Current Registered Agent

CONNELL, DOUGLAS M
7840 DENI DRIVE
C/O DOUGLAS M. CONNELL
N. FORT MYERS FL 33917

10. Name and Address of New Registered Agent

81 Name

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

200002825992-5

83

-04/01/99--01036--004

84 City

*****61.25 ***1283.25
FL

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

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. TITLE ☐ DELETE

NAME PD
STREET ADDRESS STONNER, ROBERT
CITY-ST-ZIP 7424 DANA LIN CIRCLE
NO FT MYERS FL 33917

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME D
STREET ADDRESS BLUHM, LINDA
CITY-ST-ZIP 16560 MARC ALLEN DRIVE
N FT MYERS FL 33917

TITLE ☐ DELETE

NAME SD
STREET ADDRESS PERRY, MICHAEL
CITY-ST-ZIP 7415 DANA LIN CIRCLE
NO FT MYERS FL 33917

TITLE ☐ DELETE

NAME D
STREET ADDRESS DEWAR, BONNIE
CITY-ST-ZIP 16520 MARC ALLEN DRIVE
NORTH FORT MYERS FL 33917

13. ☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

*7/28/99
3/24/99*

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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, on an attachment with an address, with a letter like empowered.

SIGNATURE:

Douglas M. Connell

1/5/99 941-543-9236