

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90060 030 ****61.25

DOCUMENT # N18899

1. Entity Name

LEE PLANTATION PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business

8359 BEACON BLVD
#409
FORT MYERS FL 33907

Mailing Address

8359 BEACON BLVD
#409
FORT MYERS FL 33907

2. Principal Place of Business - No P.O. Box #

8359 BEACON BLVD.

Suite, Apt. #, etc.

#417

3. Mailing Address

8359 BEACON BLVD.

Suite, Apt. #, etc.

#417

City & State

FORT MYERS FL

Zip

33907

Country

USA

City & State

FORT MYERS FL

Zip

33907

Country

USA

4. FEI Number

59-2772397

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NASSOY, SHERRY
8359 BEACON BLVD
#409
FORT MYERS FL 33907

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box, etc.)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SANDEGREN, FRED
STREET ADDRESS 16231 CHARLESTON AVE
CITY-ST-ZIP FORT MYERS FL 33908 ☒ Delete

TITLE SD
NAME HORNE, LINDA
STREET ADDRESS 16203 DURHAM AVE
CITY-ST-ZIP FORT MYERS FL 33908 ☐ Delete

TITLE D
NAME KNEBEL, DARL
STREET ADDRESS 16255 DURHAM AVE
CITY-ST-ZIP FORT MYERS FL 33908 ☒ Delete

TITLE VP
NAME QUIGLEY, JOHN
STREET ADDRESS 16257 ASHEBORO CT
CITY-ST-ZIP FT MYERS FL 33908 ☒ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME JIM UNDERWOOD
STREET ADDRESS 10453 WINCHESTER CT
CITY-ST-ZIP FORT MYERS, FL 33908 ☒ Change ☐ Addition

TITLE
NAME LINDA C HORNE
STREET ADDRESS 16203 Durham Ave
CITY-ST-ZIP Fort Myers FL 33908 ☐ Change ☐ Addition

TITLE D
NAME FRED SANDEGREN
STREET ADDRESS 16231 CHARLESTON AVE
CITY-ST-ZIP FORT MYERS, FL 33908 ☐ Change ☒ Addition

TITLE VPD
NAME HOWARD SHOWE
STREET ADDRESS 16234 ASHBO RO CT.
CITY-ST-ZIP FORT MYERS, FL 33908 ☐ Change ☒ Addition

TITLE TD
NAME FORREST BARTON
STREET ADDRESS 16240 DURHAM AVE
CITY-ST-ZIP FT MYERS, FL 33908 ☐ Change ☒ Addition

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #