

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N24177 (0)

1. Corporation Name

FLEET RESERVE ASSOCIATION OF SOUTHWEST FLORIDA B
RANCH AND UNIT 144, INC.



Principal Place of Business

500 SUNSHINE BLVD
144 W HOMESTEAD RD
LEHIGH ACRES FL 33906
US

Mailing Address

2701 LEE BLVD.
LEHIGH ACRES FL 33971
US

3. Date Incorporated or Qualified
12/31/1987

3a. Date of Last Report
05/01/1995

4. FEI Number

65-0047793

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

21 500 SUNSHINE BLVD

Suite, Apt. #, etc.

22 LEHIGH ACRES FL

City & State

23

Zip

24 33971

Country

25 USA

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

DOWNS, LEE B.
2701 LEE BLVD.
LEHIGH ACRES FL 33971

10. Name and Address of New Registered Agent

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

TITLE PD

NAME HARTUEB, CARL
STREET ADDRESS 1448 SE 19TH LANE
CITY-ST-ZIP CAPE CORAL FL

TITLE VD

NAME SWEET, ROLAND
STREET ADDRESS 18 CORTEZ AVE.
CITY-ST-ZIP LEHIGH ACRES FL

TITLE SD

NAME DOWNS, LEE B.
STREET ADDRESS 2701 LEE BLVD.
CITY-ST-ZIP LEHIGH ACRES FL

TITLE TD

NAME SCHNEIDER, ARTHUR
STREET ADDRESS 130 PALM TREE LANE
CITY-ST-ZIP FT. MYERS FL

TITLE D

NAME BROWN, LEE B.
STREET ADDRESS 2701 LEE BLVD.
CITY-ST-ZIP LEHIGH ACRES FL

TITLE D

NAME MILLER, ROBERT
STREET ADDRESS 2113 ARUBA AVE.
CITY-ST-ZIP FT MYERS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

DOWNS LEE B.

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lee B. Downs
Date
Daytime Phone #

0014124

CR2E037 (3/96)