FILE NOW: FILING FEE IS \$61.25

Mailing Address

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N24177

Principal Place of Business

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

500 SUNSHI LEHIGH ACR US	NE BLVD RES FL 33971	2701 LEE BLVD. % MRS.ELWYN I LEHIGH ACRES US	_						
Principal Place of Business 2a. Mailing Address			ess			Date Incorporated or Qualifed			
21	26					12/31/1987			
Suite, Apt. #, etc. 22			etc.			4. FEI Number		Apr	olied For
						65-0047793 Not Applicable			
						5. Certifcate of Status Desired \$8.75 Additional Fee Required			
4	25 29		30			Trust Fund Contribution		Added to	Fees
	9. Name and Address of Curr	ent Registered Agent		1_	1	10. Name and Address of New	Registered	Agent	
				81	Name				
DOWNS, LEE B.				82	Street Addr	ess (P.O. Box Number is Not Accept	lable)		
2701 LEE BLVD.				•		,	·	···-	
LEHIGH ACRES FL 33971				83					
ELHION AONEO I E 0007 I				84	City			85 Zip C	ode
				04	City		FL	_ 00 = 0	
SIGNATUR	Signature, typed or printed name of registered a	agent and title if applicable. AND DIRECTORS	(NOTE: Register	_ <u> </u>	nt signature require	d when reinstating) ADDITIONS/CHANGES TO OI	DATE FFICERS A	ND DIRECTO	 RS IN 12
12.	- ·			ritle		ABBITIONS STREET		Change	Addition
	PD CADI			NAME				_	
	HARTLIEB, CARL				TADDRESS				
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ST ZIP	CAPE CORAL FL			CITY-S	1-ZIP			□ Change	Additio
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	SWEET, ROLAND								
	18 CORTEZ AVE.				TADDRESS				-
ST-ZIP	LEHIGH ACRES FL			CITY-	SI-ZIP			Change	Additio
	SD	LJε		TITLE					
	DOWNS, LEE			NAME					
STREET ADDRE	_ = ' ==:::				T ADDRESS				
ST-ZIP	LEHIGH ACRES FL			CITY-	ST-ZIP			[] Change	☐ Additio
	D			TITLE				□ criange	
	DOWNS, LEE B			NAME					
I ACRINO:	LATALIEE DIVID								
	, =, 0, === ==.		43	STREE	TADDRESS				
ÇITY-ŞT-ZIP	LEHIGH ACRES FL		4,4	STREE CITY-S		26.47		[] Change	☐ Addition

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 with all other like empowered.

52 NAME 5.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

□ DELETE

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

94/3695378

☐ Change

☐ Addition

FILED

03-09-1999 90082 029 ****61.25

Mar 09, 1999 8:00 am § Secretary of State