

FILE NOW: FILING FEE IS \$61.25

FILED
May 19 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS**DOCUMENT # N24343 (8)**
1. Corporation Name
PHILIPS CREEK PROPERTY OWNERS' ASSOCIATION, INC.Principal Place of Business
%JOEL MARTINEAU
7150 PHILIPS CREEK CT.
FT. MYERS FL 33908
US
Mailing Address
%JOEL MARTINEAU
7150 PHILIPS CREEK CT.
FT. MYERS FL 33908-4219
US3. Date Incorporated or Qualified
01/13/1988
3a. Date of Last Report
02/01/19962. Principal Place of Business
21
2a. Mailing Address
264. FEI Number
NOT APPLICABLE
Applied For
☐ Not ApplicableSuite, Apt. #, etc.
22 Suite, Apt. #, etc.
275. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**City & State
23 City & State
286. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**Zip
24 Country
25 Zip
29 Country
308. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARTINEAU, JOEL
7150 PHILIPS CREEK CT.
FT. MYERS FL 3390881 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
PD	HARRIS, RONALD A.	4575 VIA ROYALE, STE. 218	FT MYERS FL	
VD	FOUS, WILLIAM	7140 PHILIPS CREEK CT	FT. MYERS FL	
STD	MARTINEAU, JOEL	7150 PHILIPS CREEK CT	FT. MYERS FL	

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/97

941-271-1003

Date

Daytime Phone # 0066293

CR2E037 (9/96)