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Apr 10 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N25469** (0)

1. Corporation Name

**CLH ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

10000 US 98 N. #303  
LAKELAND FL 33809

10000 US 98 N. #303  
LAKELAND FL 33809-8014



3. Date Incorporated or Qualified  
**03/17/1988**

3a. Date of Last Report  
**02/26/1996**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number  
**59-2878564**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COLLING, LEE J**  
**20 NORTH ORANGE AVENUE**  
**SUITE 700**  
**ORLANDO FL 32801**

81 Name

**Michael L. Resnick**

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

**1342 E. Vine Street, #236**

83

84 City

**Kissimmee**

**FL**

85 Zip Code  
**34744**

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 obligation of, Sections 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

*2/25/97*

12. OFFICERS AND DIRECTORS

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	CROS, NANCY	
STREET ADDRESS	10000 U.S. 98 N #137	
CITY-ST-ZIP	LAKELAND FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SCHAPPERT, JOHN	
STREET ADDRESS	10000 US 98 N #307	
CITY-ST-ZIP	LAKELAND FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	WESTBROOK, PAUL H.	
STREET ADDRESS	10000 US 98 N #843	
CITY-ST-ZIP	LAKELAND FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	KERR, BOB	
STREET ADDRESS	10000 US 98 N, #900	
CITY-ST-ZIP	LAKELAND FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SCHIEN, NANCY	
STREET ADDRESS	10000 US 98 N, #688	
CITY-ST-ZIP	LAKELAND FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	VALERIO, RONALD	
STREET ADDRESS	10000 U.S. 98 NORTH #484B	
CITY-ST-ZIP	LAKELAND FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BOB KERR	
1.3 STREET ADDRESS	10000 US 98 N #900	
1.4 CITY-ST-ZIP	LAKELAND FL 33809	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	KEN BONIFIELD	
2.3 STREET ADDRESS	10000 US 98 N #955	
2.4 CITY-ST-ZIP	LAKELAND FL 33809	
3.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ANNE MERLITT	
3.3 STREET ADDRESS	10000 US 98 N #617	
3.4 CITY-ST-ZIP	LAKELAND FL 33809	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	RICK JULIAN	
4.3 STREET ADDRESS	10000 US 98 N #670	
4.4 CITY-ST-ZIP	LAKELAND FL 33809	
5.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	GEORGE EQUIZ	
5.3 STREET ADDRESS	10000 US 98 N #985	
5.4 CITY-ST-ZIP	LAKELAND FL 33809	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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:

*Robert Kerr* **ROBERT KERR** 2-20-97 941 853 5763

CR2E037 (9/96)