

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N37489 (4)

1. Corporation Name

LEE PLANTATION RESIDENT'S ASSOCIATION, INC.



Principal Place of Business

Mailing Address

16226 ASHEBORO CT.
FORT MYERS FL 33908
US

16226 ASHEBORO CT.
FT. MYERS FL 33908
US

3. Date Incorporated or Qualified
04/02/1990

3a. Date of Last Report
03/24/1995

2. Principal Place of Business

2a. Mailing Address

21 10469 WINCHESTER CT

26 10469 WINCHESTER CT.

4. FEI Number
65-0252898

Applied For
Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

23 City & State

City & State

23 FORT MYERS, FL.

28 FORT MYERS, FL.

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 Zip 33908

25 Country USA

29 Zip 33908

30 Country USA

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

DOMBER, HARLAN R.
2801 FRUITVILLE RD
STE 150
SARASOTA FL 34237

81 Name W. DONALD MACHILLAN
82 Street Address (P.O. Box Number is Not Acceptable)
10469 WINCHESTER CT
83
84 City FORT MYERS FL 85 Zip Code 33908

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 617.003, Florida Statutes.

SIGNATURE W. Donald MacMillan 3/6/96

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

(NOTE: Registered Agent signature required when registering)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
P	RUSSELL, RONALD	16226 ASHEBORO CT.	FT MYERS FL	<input checked="" type="checkbox"/>
VD	CHAMBERLIN, RICHARD	16240 CHARLESTON AVE.	FT MYERS FL	<input checked="" type="checkbox"/>
SD	PICCOLO, STEVE	16208 DURHAM AVE.	FT. MYERS FL	<input checked="" type="checkbox"/>
TD	FREGEAU, JENNY	16192 BATON ROUGE CT.	FT. MYERS FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
P	W. DONALD MACHILLAN	10469 WINCHESTER CT.	FORT MYERS, FL 33908	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VD	EMIL CESKY	16191 BATON ROUGE CT.	FORT MYERS, FL 33908	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SD	EVERETT HAVENS	16234 CHARLESTON AVE	FORT MYERS, FL. 33908	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TD	PHILIP J. AMES	10467 WINCHESTER CT.	FORT MYERS, FL. 33908	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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, changed, or on an attachment with an address.

SIGNATURE:

Philip J. Ames
PHILIP J. AMES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-6-96

Date

941-466-5108

Daytime Phone #

CR2E037 (12/95)