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Feb 27 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

10469 WINCHESTER COURT
FORT MYERS FL 33908
US

10649 WINCHESTER COURT
FT. MYERS FL 33908
US

3. Date Incorporated or Qualified
04/02/1990

3a. Date of Last Report
03/11/1996

2. Principal Place of Business

2a. Mailing Address

21 16191 BATON ROUGE CT.

26 16191 BATON ROUGE CT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Fort MYERS, FL.

28 Fort MYERS, FL.

Zip

Country

Zip

Country

24 33908

25 U.S.

29 33908

30 U.S.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MACMILLAN, W. DONALD
10469 WINCHESTER COURT
FORT MYERS FL 33908

81 Name

EMIL CESKY

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

16191 BATON ROUGE 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 617.0503, Florida Statutes.

SIGNATURE

Emil Cesky E. W. CESKY Pres. 2/20/97

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

(NOTE: Registered Agent signature required when reinstating)

Date

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME MACMILLAN, W. DONALD
STREET ADDRESS 10469 WINCHESTER COURT
CITY-ST-ZIP FT MYERS FL
☒ DELETE

TITLE VD
NAME CESKY, EMIL
STREET ADDRESS 16191 BATON ROUGE COURT
CITY-ST-ZIP FT MYERS FL
☒ DELETE

TITLE SD
NAME HAVENS, EVERETT
STREET ADDRESS 16234 CHARLESTON AVENUE
CITY-ST-ZIP FT. MYERS FL
☐ DELETE

TITLE TD
NAME AMES, PHILIP J.
STREET ADDRESS 10487 WINCHESTER COURT
CITY-ST-ZIP FORT MYERS FL
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

1.1 TITLE P
1.2 NAME EMIL CESKY EMIL
1.3 STREET ADDRESS 16191 BATON ROUGE CT.
1.4 CITY-ST-ZIP FT. MYERS, FL.
☒ Change ☐ Addition

2.1 TITLE V/O
2.2 NAME MACMILLAN, W. DONALD
2.3 STREET ADDRESS 10469 WINCHESTER CT.
2.4 CITY-ST-ZIP FT. MYERS, FL.
☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ 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, changed, or on an attachment with an address.

SIGNATURE: *Philip J. Ames* PHILIP J. AMES

2/20/97

941-466-5108

(Signature and typed or printed name of signing officer or director)

Date

Daytime Phone # 0079399

CR2E037 (9/96)