

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N40742 (1)
1. Corporation Name

MCCOMB LANE MAINTENANCE ASSOCIATION, INC.



Principal Place of Business	Mailing Address
3665 MCCOMB LANE BONITA SPRINGS FL 33923 US	3665 MCCOMB LANE BONITA SPRINGS FL 33923 US

3. Date Incorporated or Qualified 10/16/1990	3a. Date of Last Report 04/26/1995
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2. Principal Place of Business	2a. Mailing Address
21 4040 BONITA BEACH RD.	26 4040 BONITA BEACH RD.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 BONITA SPRINGS, FL	28 BONITA SPRINGS, FL
Zip Country	Zip Country
24 33923 25	29 33923 30

4. FEI Number 65-0227393	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

MENARD, ALBERT
3665 MCCOMB LANE
BONITA SPRINGS FL 33923

10. Name and Address of New Registered Agent

81 Name BAILLÈRES, ALBERTO
82 Street Address (P.O. Box Number is Not Acceptable) 4040 BONITA BEACH RD.
83
84 City BONITA SPRINGS FL
85 Zip Code 33923

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 **ALBERTO BAILLÈRES / PRESIDENT**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-stating)

[Signature] **4/15/96**
DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BAILLÈRES, ALBERTO	
STREET ADDRESS	3616 MCCOMB LANE	
CITY-ST-ZIP	BONITA SPRINGS FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ADELSTEIN, SOLOMON	
STREET ADDRESS	3676 MCCOMB LANE	
CITY-ST-ZIP	BONITA SPRINGS FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	MENARD, ALBERT	<i>(Resigned)</i>
STREET ADDRESS	3665 MCCOMB LANE	
CITY-ST-ZIP	BONITA SPRINGS FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	WURSTER, GLEN A	
STREET ADDRESS	3705 MCCOMB LANE	
CITY-ST-ZIP	BONITA SPRINGS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FRASCATORE, JOHN C	
STREET ADDRESS	3666 MCCOMB LANE	
CITY-ST-ZIP	BONITA SPRINGS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	BAILLÈRES, ALBERTO	
1.3 STREET ADDRESS	4040 BONITA BEACH RD	
1.4 CITY-ST-ZIP	BONITA SPRINGS, FL 33923	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	DANIELS, PAUL	
3.3 STREET ADDRESS	3645 MCCOMB LN.	
3.4 CITY-ST-ZIP	BONITA SPRINGS, FL 33923	
4.1 TITLE	ATD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	FRASCATORE, JOHN	
4.3 STREET ADDRESS	3666 MCCOMB LN	
4.4 CITY-ST-ZIP	BONITA SPRINGS, FL 33923	
5.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	JOHNSON, BONNIE	
5.3 STREET ADDRESS	3566 MCCOMB LN	
5.4 CITY-ST-ZIP	BONITA SPRINGS, FL 33923	
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 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 if changed, or on an attachment with an address.

SIGNATURE: **ALBERTO BAILLÈRES / PRESIDENT**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] **4/15/96** **941/992-6020**
DATE DAY/PHONE #

CR2E037 (12/95)