

# 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 # 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**

2. Principal Place of Business

2a. Mailing Address

21 **4040 BONITA BEACH RD.**

26 **4040 BONITA BEACH RD.**

4. FEI Number  
**65-0227393**

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

City & State

City & State

23 **BONITA SPRINGS, FL**

28 **BONITA SPRINGS, FL**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

Zip Country

Zip Country

24 **33923**

25

29 **33923**

30

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

**MENARD, ALBERT  
3665 MCCOMB LANE  
BONITA SPRINGS FL 33923**

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)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE  
NAME **BAILLÈRES, ALBERTO**  
STREET ADDRESS **3616 MCCOMB LANE**  
CITY-ST-ZIP **BONITA SPRINGS FL**

1.1 TITLE **PD** ☒ Change ☐ Addition  
1.2 NAME **BAILLÈRES, ALBERTO**  
1.3 STREET ADDRESS **4040 BONITA BEACH RD**  
1.4 CITY-ST-ZIP **BONITA SPRINGS, FL 33923**

TITLE **VD** ☐ DELETE  
NAME **ADELSTEIN, SOLOMON**  
STREET ADDRESS **3676 MCCOMB LANE**  
CITY-ST-ZIP **BONITA SPRINGS FL**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **TD** ☒ DELETE  
NAME **MENARD, ALBERT** (Resigned)  
STREET ADDRESS **3665 MCCOMB LANE**  
CITY-ST-ZIP **BONITA SPRINGS FL**

3.1 TITLE **TD** ☐ Change ☒ Addition  
3.2 NAME **DANIELS, PAUL**  
3.3 STREET ADDRESS **3645 MCCOMB LN.**  
3.4 CITY-ST-ZIP **BONITA SPRINGS, FL 33923**

TITLE **SD** ☒ DELETE  
NAME **WURSTER, GLEN A**  
STREET ADDRESS **3705 MCCOMB LANE**  
CITY-ST-ZIP **BONITA SPRINGS FL**

4.1 TITLE **ATD** ☒ Change ☐ Addition  
4.2 NAME **FRASCATORE, JOHN**  
4.3 STREET ADDRESS **3666 MCCOMB LN**  
4.4 CITY-ST-ZIP **BONITA SPRINGS, FL 33923**

TITLE **D** ☐ DELETE  
NAME **FRASCATORE, JOHN C**  
STREET ADDRESS **3666 MCCOMB LANE**  
CITY-ST-ZIP **BONITA SPRINGS FL**

5.1 TITLE **SD** ☐ Change ☒ Addition  
5.2 NAME **JOHNSON, BONNIE**  
5.3 STREET ADDRESS **3566 MCCOMB LN**  
5.4 CITY-ST-ZIP **BONITA SPRINGS, FL 33923**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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

DATE

Daytime Phone #

CR2E037 (12/95)