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Apr 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N40742** (1)

1. Corporation Name

MCCOMB LANE MAINTENANCE ASSOCIATION, INC.



Principal Place of Business 3665 MCCOMB LANE BONITA SPRINGS FL 34134 US		Mailing Address 3665 MCCOMB LANE BONITA SPRINGS FL 34134 US		3. Date Incorporated or Qualified 10/16/1990
		4. FEI Number 65-0227393		Applied For <input type="checkbox"/> Not Applicable
2. Principal Place of Business 21 3566 M'COMB LANE Suite, Apt. #, etc. 22 BONITA SPRINGS, FL. City & State 23 Zip 24 34134	2a. Mailing Address 25 3566 M'COMB LANE Suite, Apt. #, etc. 27 BONITA SPRINGS, FL. City & State 28 Zip 29 34134	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 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent MENARD, ALBERT 3665 MCCOMB LANE BONITA SPRINGS FL 34134		10. Name and Address of New Registered Agent 81 Name BONNIE J. JOHNSON 82 Street Address (P.O. Box Number is Not Acceptable) 83 3566 M'COMB LANE 84 City BONITA SPRINGS, FL 85 Zip Code 34134	
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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 Bonnie J. Johnson **Bonnie J. Johnson Sec. 4-24-98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP DP MENARD, ALBERT 3665 MCCOMB LANE BONITA SPRINGS FL	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP VP WURSTER, GLEN 3705 MCCOMB LANE BONITA SPRINGS FL	<input type="checkbox"/> DELETE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TD JOHNSON, RICHARD 3566 MCCOMB LANE BONITA SPRINGS FL	<input type="checkbox"/> DELETE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP SD JOHNSON, BONNIE 3566 MCCOMB LANE BONITA SPRINGS FL	<input type="checkbox"/> DELETE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP ATD EDELSTEIN, SOLOMON P.O. BOX 732 N/A BONITA SPRINGS FL	<input type="checkbox"/> DELETE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE		

14. I 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: Bonnie J. Johnson **Bonnie J. Johnson S.D. 4-24-98** (941) 992-6684

CR2E037 (10/97)