

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90155 026 ****61.25

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DOCUMENT # N40742

1. Corporation Name

MCCOMB LANE MAINTENANCE ASSOCIATION, INC.

Principal Place of Business

3566 MCCOMB LANE
BONITA SPRINGS FL 34134
US

Mailing Address

3566 MCCOMB LANE
BONITA SPRINGS FL 34134
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

10/16/1990

4. FEI Number

65-0227393

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

JOHNSON, BONNIE J.
3566 MCCOMB LANE
BONITA SPRINGS FL 34134

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE DP
NAME MENARD, ALBERT
STREET ADDRESS 3665 MCCOMB LANE
CITY-ST-ZIP BONITA SPRINGS FL
☒ DELETE

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

TITLE TD
NAME JOHNSON, RICHARD
STREET ADDRESS 3566 MCCOMB LANE
CITY-ST-ZIP BONITA SPRINGS FL
☐ DELETE

TITLE SD
NAME JOHNSON, BONNIE
STREET ADDRESS 3566 MCCOMB LANE
CITY-ST-ZIP BONITA SPRINGS FL
☐ DELETE

TITLE ATD
NAME EDELSTEIN, SOLOMON
STREET ADDRESS P.O. BOX 732 N/A
CITY-ST-ZIP BONITA SPRINGS FL
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
☒ Change ☐ Addition
DECEASED

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
☒ Change ☐ Addition
**PRESIDENT
WURSTER, GLEN
3705 MCCOMB LANE
BONITA SPRINGS, FL. 34134**

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 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, with all other like empowered.

SIGNATURE: *Richard T. Johnson* (TD)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **RICHARD T. JOHNSON** 2-13-99 941-992-6684
Date Daytime Phone #

CR2E037 (11/98)