## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # N40742**

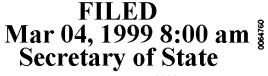
1. Corporation Name

## 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



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

2. Principal P	lace of Business	2a. Mailing Address			3. Date Incorporated or Qualifed		
21		26			10/16/1990		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			4. FEI Number	A	pplied For
22		27			65-0227393	No	ot Applicable
City & Stat	е	City & State		-	5. Certifcate of Status Desired	<b>+</b>	Additional equired
Zip	Country	Zip	Country	,	6. Election Campaign Financing	\$5.00	May Be
<del></del> '	25	29 30			Trust Fund Contribution	•	to Fees
24	9. Name and Address of Curre		<del>'</del>		10. Name and Address of New Registere		
	Hamo and Haaroos of Call		81	Name			
101111001	I DOMENT I			<u> </u>			
	N, BONNIE J.		82	Street	Address (P.O. Box Number is Not Acceptable)		
	COMB LANE		83	ł			`
BONITA S	SPRINGS FL 34134						
			84	City	F	85 Zip	Code
- <del></del>				L		- : :	- registered
11. Pursuant	to the provisions of Sections 617.05	502 and 617.1508, Florida Statutes, e of Florida, Such change was auth	the abov	e-named the com	corporation submits this statement for the purpose oration's board of directors. I hereby accept the app	oi changing its pointment as re	agistered
agent. I a	am familiar with, and accept the oblig	gations of, Section 617.0503, Florida	a Statutes	3.			-
SIGNATURE							
JOHATORE	Signature, typed or printed name of registered ag	, .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u> </u>	nt signature r	equired when reinstating) DATE	AND DIDECT	2DC (N) 42
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	DP	DELETE	1,1 TITLE			Change	Addition
NAME	MENARD, ALBERT	•	1.2 NAME		DECEASED		
STREET ADDRESS	3665 MCCOMB LANE		1.3 STREE	TADORESS			
CITY-ST-ZIP	BONITA SPRINGS FL		1.4 CITY- S	T-ZIP			
TITLE	VP	DELETE	2.1 TITLE		PRESIDENT WURSTER, GLEN 3705 M°COMB LANE	Change	Addition
NAME	WURSTER, GLEN		2.2 NAME		WURSTER, GLEN		
STREET ADDRESS			2.3 STREE	T ADDRESS	3705 MCCOMB LANE		
CITY-ST-ZIP	BONITA SPRINGS FL		2. 4 CITY-		BONITA SPRINGS, FL. 341	34	
TITLE	TD	☐ DELETE	3.1 TITLE			Change	Addition
NAME	JOHNSON, RICHARD	<del>-</del>	3.2 NAME	i			
	0500 MOOONID LANE			TADDRESS			
STREET ADDRESS	BONITA SPRINGS FL		3.4. CITY-:				
CITY-ST-ZIP TITLE	SD	☐ DELETE	4.1 TITLE	U,-211		☐ Change	Additio
NAME	JOHNSON, BONNIE		4.2 NAME	:		-	
	0500 HOOONID LANE			TADORESS			
STREET ADDRESS			1				
CITY-ST-ZIP	BONITA SPRINGS FL	DELETE	4.4 CITY-5 5.1 TITLE	or-ZIP		☐ Change	Additio
TITLE	ATD COLONON	C) DECETE	5.1 NAME			— -···	_
NAME	EDELSTEIN, SOLOMON		i i	TADDRESS			
STREET ADDRESS	1						
CITY-ST-ZIP	BONITA SPRINGS FL	——————————————————————————————————————	5.4 CITY-S	si-ZIP		Chanca	☐ Additio
TITLE		☐ DELETE	6.1 TITLE			☐ Change	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREE	TADORESS			
	1						

CITY-ST-ZIP 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.

(TD) SIGNATURE:

2-13-99