

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 # **N45227** (8)

1. Corporation Name

**ORANGE RIVER CENTRE ASSOCIATION, INC.**

Principal Place of Business

**4575 VIA ROYALE  
STE - 104  
FT MYERS FL 33919  
US**

Mailing Address

**P.O. BOX 1662  
FT MYERS FL 33902**



3. Date Incorporated or Qualified  
**09/19/1991**

3a. Date of Last Report  
**05/01/1995**

4. FEI Number  
**65-0316120**

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 **1342 Colonial Boulevard**

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Suite F-42**

27

City & State

City & State

23 **Fort Myers, FL**

28

Zip

Country

Zip

Country

24 **33907**

25

**US**

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KINSEY, JAMES E., JR.  
4575 VIA ROYALE  
STE - 104  
FT MYERS FL 33919**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)  
**1342 Colonial Boulevard**

83 **Suite F-42**

84 City  
**Fort Myers**

85 Zip Code  
**FL FL**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE  
NAME **KINSEY, JAMES E., JR.**  
STREET ADDRESS **4575 VIA ROYALE, #104**  
CITY-ST-ZIP **FT MYERS FL 33919**

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS **1342 Colonial Blvd., #F-42**  
1.4 CITY-ST-ZIP **Fort Myers, FL 33907**

TITLE **D** ☐ DELETE  
NAME **LANDRY, JOHN**  
STREET ADDRESS **320 CROSS ST**  
CITY-ST-ZIP **PUNTA GORDA FL**

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

TITLE **D** ☐ DELETE  
NAME **STRAUSS, HARVEY**  
STREET ADDRESS **1540 MATTHEW DRIVE, SUITE F**  
CITY-ST-ZIP **FT MYERS FL 33907**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-22-96**

**441-937-1367**

CR2E037 (12/95)