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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N46221			
1. Corporation Name LONG ACRE LAKE PROPERTY OWNERS ASSOCIATION, INC.			
Principal Place of Business 5260 S LANDINGS DR #1409 FT MYERS FL 33919		Mailing Address 5260 S LANDINGS DR #1409 FT MYERS FL 33919	



2. Principal Place of Business 21 <u>241 VIOLET Drive</u> Suite, Apt. #, etc.		2a. Mailing Address 26 <u>241 VIOLET DRIVE</u> Suite, Apt. #, etc.		3. Date Incorporated or Qualified 11/25/1991	
22 City & State 23 <u>SANIBEL FL</u> Zip Country 24 <u>33957</u> 25 <u>U.S.A.</u>		27 City & State 28 <u>SANIBEL FL</u> Zip Country 29 <u>33957</u> 30 <u>U.S.A.</u>		4. FEI Number 59-3107657 Applied For ☒ Not Applicable	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required				6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent DODRILL, VIOLET R. 5260 S LANDINGS DR #1409 FT MYERS FL 33919		10. Name and Address of New Registered Agent 81 Name <u>PAUL D. DUVAL</u> 82 Street Address (P.O. Box Number is Not Acceptable) <u>241 VIOLET DRIVE</u> 83 84 City <u>SANIBEL</u> FL 85 Zip Code <u>33957</u>	
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 <u>Paul D. Duval</u> <u>PAUL D. DUVAL</u> <u>March 1, 1999</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☒ DELETE	1.1 TITLE	<u>PRESIDENT D</u> ☒ Change ☐ Addition
NAME	DODRILL, DAVID E.	1.2 NAME	<u>BURT FENDELMAN</u>
STREET ADDRESS	6326 WHISKEY CREEK DRIVE, SUITE D	1.3 STREET ADDRESS	<u>1248 POST RD.</u>
CITY-ST-ZIP	FT MYERS FL 33919	1.4 CITY-ST-ZIP	<u>SCARSDALE, N.Y. 10583</u>
TITLE	D ☒ DELETE	2.1 TITLE	<u>JACK BRAUN. D</u> ☒ Change ☐ Addition
NAME	DODRILL, VIOLET	2.2 NAME	<u>VICE PRESIDENT</u>
STREET ADDRESS	5260 S LANDINGS DR #1409	2.3 STREET ADDRESS	<u>19390 PARK AVE.</u>
CITY-ST-ZIP	FT MYERS FL	2.4 CITY-ST-ZIP	<u>DEERHAVEN, MD 21553</u>
TITLE	D ☒ DELETE	3.1 TITLE	<u>TREASURER D</u> ☒ Change ☐ Addition
NAME	DODRILL, DANIEL W	3.2 NAME	<u>JOSEPH KRUIZICH</u>
STREET ADDRESS	16681 MCGREGOR BOULEVARD, SUITE 307	3.3 STREET ADDRESS	<u>4727 NORTH HOLLY CT.</u>
CITY-ST-ZIP	FORT MYERS FL 33398	3.4 CITY-ST-ZIP	<u>KANSAS CITY, MO 64116</u>
TITLE	☐ DELETE	4.1 TITLE	<u>SECRETARY D</u> ☒ Change ☐ Addition
NAME		4.2 NAME	<u>PAUL DUVAL</u>
STREET ADDRESS		4.3 STREET ADDRESS	<u>241 VIOLET DR.</u>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<u>SANIBEL, FL 33957</u>
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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.

SIGNATURE: Paul D. Duval 03/01/99 941-395-1403
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
PAUL D. DUVAL

CR2E037 (1/98)