

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N47925**

(5)

1. Corporation Name

POLO CLUB OF LEE COUNTY, INC.



Principal Place of Business

**12155 METRO PARKWAY
SUITE 28A
FORT MYERS FL 33912**

Mailing Address

**P.O. BOX 1661
FORT MYERS FL 33902-1661**

3. Date Incorporated or Qualified
03/16/1992

3a. Date of Last Report
06/02/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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25

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4. FEI Number
65-0406452

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MCKINNEY, LANCE
17338 TIMBER OAK LANE
FORT MYERS FL 33908**

81 Name **John E. Stamps CPA**

82 Street Address (P.O. Box Number is Not Acceptable)
1937 Grace Avenue

83

84 City **Fort Myers** **FL** 85 Zip Code **33901**

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 **John E. Stamps**

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

(Not E-Registered Agent signature required when reinstating)

26 March 96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP** ☒ DELETE
NAME **WARKMA, TUESDAY**
STREET ADDRESS **13141 INGLENOOK COURT**
CITY-ST-ZIP **FORT MYERS FL**

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

TITLE **DV** ☐ DELETE
NAME **REDMAN, MARTISE**
STREET ADDRESS **3691 WINKLER AVE APT 836**
CITY-ST-ZIP **FORT MYERS FL**

2.1 TITLE **DP** ☒ Change ☐ Addition
2.2 NAME **Martise Redman**
2.3 STREET ADDRESS **3691-836 Winkler Ave.**
2.4 CITY-ST-ZIP **Fort Myers, FL**

TITLE **DT** ☒ DELETE
NAME **JOHNSON, TODD**
STREET ADDRESS **8140 COLLEGE PARKWAY, #106**
CITY-ST-ZIP **FORT MYERS FL**

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

TITLE **DS** ☐ DELETE
NAME **DICHARIA, TINA**
STREET ADDRESS **15081 CANONGATE DR**
CITY-ST-ZIP **FORT MYERS FL**

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 **DV** ☐ Change ☒ Addition
5.2 NAME **Kim Algaeir**
5.3 STREET ADDRESS **1676 Braman Ave.**
5.4 CITY-ST-ZIP **Fort Myers, FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE **DT** ☐ Change ☒ Addition
6.2 NAME **Trent Howe**
6.3 STREET ADDRESS **5239-19 Red Cedar Drive**
6.4 CITY-ST-ZIP **Fort Myers, FL**

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:

Martise M. Redman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/96
Date

941-936-4943
Daytime Phone #

CR2E037 (12/95)