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FILED
Jul 15 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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
04/11/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

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

**JOHN E STAMPS, CPA
1937 GRACE AVE
FORT MYERS FL 33901**

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

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

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

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

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

TITLE **DV** ☐ DELETE
NAME **KIM ALGAEIR**
STREET ADDRESS **1676 BRAMAN AVE**
CITY-ST-ZIP **FT. MYERS FL**

TITLE **DT** ☐ DELETE
NAME **TRENT HOWE**
STREET ADDRESS **5239-19 RED CEDAR DRIVE**
CITY-ST-ZIP **FT. MYERS FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **DP** ☐ Change ☒ Addition
1.2 NAME **RON BRODEUR**
1.3 STREET ADDRESS **883 ENTRADA DR**
1.4 CITY-ST-ZIP **FORT MYERS FL 33919**

2.1 TITLE **D** ☒ Change ☐ Addition
2.2 NAME **MARTISE REDMAN**
2.3 STREET ADDRESS **3691-836 WINKLER AVE**
2.4 CITY-ST-ZIP **FORT MYERS FL 33906**

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

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

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 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 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.

CR2E037 (9/96)