


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N47925** (5)

1. Corporation Name

POL'D CLUB OF LEE COUNTY, INC.



Principal Place of Business	Mailing Address
12155 METRO PARKWAY SUITE 28A FORT MYERS FL 33912	P.O. BOX 1661 FORT MYERS FL 33902-1661

3. Date Incorporated or Qualified	03/16/1992
4. FEI Number	65-0406452
Applied For	Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent	
JOHN E STAMPS, CPA 1837 GRACE AVE FORT MYERS FL 33901	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	NAME
DP	BRODEUR, RON
883 ENTRADA DR	FORT MYERS FL
<input checked="" type="checkbox"/> DELETE	
D	MARTISE REDMAN
3691-836 WINKLER AVE	FORT MYERS FL
<input checked="" type="checkbox"/> DELETE	
DV	KIM ALGAEIR
1676 BRAMAN AVE	FT. MYERS FL
<input checked="" type="checkbox"/> DELETE	
DT	TRENT HOWE
5239-19 RED CEDAR DRIVE	FT. MYERS FL
<input type="checkbox"/> DELETE	
<input type="checkbox"/> DELETE	
<input type="checkbox"/> DELETE	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	1.2 NAME
OV	DARLENE HART
15670 LAKE CANDLEWOOD DR	FORT MYERS FL 33908
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
2.1 TITLE	2.2 NAME
DS	POLLY WILSON
343 SE 34TH ST.	CAPE CORAL FL 33904
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
3.1 TITLE	3.2 NAME
DT	SWAN POTTS
13030 SILVERBAY CT.	FORT MYERS FL 33913
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
4.1 TITLE	4.2 NAME
DP	TRENT HOWE
4010-C2 DELBON ST.	FORT MYERS, FL 33901
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
5.1 TITLE	5.2 NAME
5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
6.1 TITLE	6.2 NAME
6.3 STREET ADDRESS	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.

SIGNATURE _____ 2/10/98 0911 542.3789

CR2E037 (10/97)