

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995. AMOUNT DUE ON OR BEFORE 8/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$395)

APPROVED AND FILED

95 JUL -3 AM 9:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # N93000001772 (3)

1. Corporation Name

LEHIGH COUNTRY CLUB ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business: 259 E JOEL BLVD, LEHIGH ACRES FL 33306
Mailing Address: 259 E JOEL BLVD, LEHIGH ACRES FL 33306

3. Date Incorporated or Qualified: 04/19/1993
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0404483
Applied For:
Not Applicable:

2. Principal Place of Business: 21 Subd, Apt #, etc; 22 City & State; 23 State; 24 County; 25 City; 26 Subd, Apt #, etc; 27 City & State; 28 State; 29 County; 30 City

5. Certificate of Status Desired: \$0.75 Additional Fee
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status: **FILING FEE IS \$61.25**
8. This corporation has liability for intangible tax under s. 119.002 Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

**ORANGE STATE PROPERTY SERVICES INC.
259 E. JOEL BLVD.
LEHIGH FL 33938**

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: *[Signature]* (Print Name of Registered Agent) *[Signature]* (Print Name of Registered Agent)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FORTANA, JAMES G
STREET ADDRESS	201 E JOEL BLVD
CITY, ST, ZIP	LEHIGH ACRES FL 33938
TITLE	VD
NAME	ADLER, JOAN F
STREET ADDRESS	201 E JOEL BLVD
CITY, ST, ZIP	LEHIGH ACRES FL 33938
TITLE	SD
NAME	ALLISON, JANET
STREET ADDRESS	201 E JOEL BLVD
CITY, ST, ZIP	LEHIGH ACRES FL 33938
TITLE	T
NAME	NATELLO, JOHN A
STREET ADDRESS	201 E JOEL BLVD
CITY, ST, ZIP	LEHIGH ACRES FL 33938
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADVERTISED CHANGES TO OFFICERS AND DIRECTORS

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(b), 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 any attachment with an address.

SIGNATURE: *[Signature]* (Print Name of Signing Officer or Director) *[Signature]* (Print Name of Signing Officer or Director) 6-21-95

CR2E037 (3/95)