

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 # N93000001772 (3)

1. Corporation Name

LEHIGH COUNTRY CLUB ASSOCIATION, INC.



Principal Place of Business

Mailing Address

**259 E JOEL BLVD
LEHIGH ACRES FL 33936**

**259 E JOEL BLVD
LEHIGH ACRES FL 33936**

3. Date Incorporated or Qualified
04/19/1993

3a. Date of Last Report
07/03/1995

2. Principal Place of Business

2a. Mailing Address

21 **Orange State Prop Svcs**

26 **Orange State Prop Svcs**

4. FEI Number
65-0404483

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **259 E. Joel Blvd.**

27 **259 E. Joel Blvd.**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

City & State
23 **Lehigh Acres, FL**

City & State
28 **Lehigh Acres, FL**

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

Zip
24 **33936**

Country

Zip
29 **33936**

Country

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

**ORANGE STATE PROPERTY SERVICES INC.
259 E. JOEL BLVD.
LEHIGH FL 33936**

81 Name
Janet Allison

82 Street Address (P.O. Box Number is Not Acceptable)
205 E. Joel Blvd.

83

84 City
Lehigh Acres

85 Zip Code
FL 33936

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 reinstating)

1/25/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☒ DELETE
NAME **FORTANA, JAMES G**
STREET ADDRESS **201 E JOEL BLVD**
CITY-ST-ZIP **LEHIGH ACRES FL 33936**

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME **Janet Allison**
1.3 STREET ADDRESS **205 E. Joel Boulevard**
1.4 CITY-ST-ZIP **Lehigh Acres, FL 33936**

TITLE **VD** ☒ DELETE
NAME **ADLER, JOAN F**
STREET ADDRESS **201 E JOEL BLVD**
CITY-ST-ZIP **LEHIGH ACRES FL 33936**

2.1 TITLE **VTD** ☒ Change ☐ Addition
2.2 NAME **John Natiello**
2.3 STREET ADDRESS **205 E. Joel Blvd.**
2.4 CITY-ST-ZIP **Lehigh Acres, FL 33936**

TITLE **SD** ☒ DELETE
NAME **ALLISON, JANET**
STREET ADDRESS **201 E JOEL BLVD**
CITY-ST-ZIP **LEHIGH ACRES FL 33936**

3.1 TITLE **SD** ☒ Change ☐ Addition
3.2 NAME **Sue Downs**
3.3 STREET ADDRESS **205 E. Joel Blvd.**
3.4 CITY-ST-ZIP **Lehigh Acres, FL 33936**

TITLE **T** ☒ DELETE
NAME **NATIELLO, JOHN A**
STREET ADDRESS **201 E JOEL BLVD**
CITY-ST-ZIP **LEHIGH ACRES FL 33936**

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 ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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 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: **Janet Allison**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/96 **941-368-3229**
Date Daytime Phone #

CR2E037 (12/95)