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Feb 17 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 # **N93000001772 (3)**

1. Corporation Name

LEHIGH COUNTRY CLUB ASSOCIATION, INC.



Principal Place of Business	Mailing Address
ORANGE STAT PROP SVCS 259 E JOEL BLVD LEHIGH ACRES FL 33936 US	ORANGE STAT PROP SVCS 259 E JOEL BLVS LEHIGH ACRES FL 33936 US

2. Principal Place of Business	2a. Mailing Address
21 J. Allison, Lehigh Corp. Suite, Apt. #, etc. 22 226 East Joel Boulevard City & State 23 Lehigh Acres, FL Zip Country 24 33972 25 U S	26 J. Allison, Lehigh Corp. Suite, Apt. #, etc. 27 226 East Joel Boulevard City & State 28 Lehigh Acres, FL Zip Country 29 33972 30 U S

3. Date Incorporated or Qualified		
04/19/1993		
4. FEI Number	Applied For	Not Applicable
65-0404483		
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
ALLISON, JANET 226 E JOEL BLVD LEHIGH ACRES FL 33972	

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	PD	<input type="checkbox"/> DELETE
NAME	ALLISON, JANET	
STREET ADDRESS	226 E JOEL BLVD	
CITY - ST - ZIP	LEHIGH ACRES FL	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	NATIELLO, JOHN	
STREET ADDRESS	226 E JOEL BLVD	
CITY - ST - ZIP	LEHIGH ACRES FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	DOWNS, SUE	
STREET ADDRESS	226 E JOEL BLVD	
CITY - ST - ZIP	LEHIGH ACRES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP	33972	
2.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP	33972	
3.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP	33972	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Janet Allison* Janet Allison, President 2/5/98 941-368-3229

CR2E037 (10/97)