

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N94000001550

1. Corporation Name

TELEGRAPH CREEK ESTATES PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business

1919-15 COURTNEY DR  
FT MYERS FL 33901

Mailing Address

9595 SILVER LAKE DR  
LEESBURG FL 34788  
US

FILED  
Apr 20, 1999 8:00 am  
Secretary of State

04-20-1999 90290 005 \*\*\*\*61.25

368836 - 90290 - 3 6 \*



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

03/24/1994

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

24 Zip

Country

29 Zip

Country

6. Election Campaign Financing

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCCLURE, JOE O

1919-15 COURTNEY DR  
FT MYERS FL 33901

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1950 COURTNEY DR. SUITE 207

83

84 City

FT. MYERS

FL

85 Zip Code

33901

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)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME MCCLURE, JOE O  
STREET ADDRESS 1919-15 COURTNEY DR  
CITY-ST-ZIP FT MYERS FL 33901

1.1 TITLE ☐ Change ☐ Addition

TITLE VD ☐ DELETE

NAME ~~COGGINS, LESTER SR.~~  
STREET ADDRESS 18621 TELEGRAPH CREEK LN  
CITY-ST-ZIP ~~ALVA FL 33920~~

2.1 TITLE ☒ Change ☐ Addition

TITLE STD ☐ DELETE

NAME COGGINS, LESTER JR.  
STREET ADDRESS 9595 SILVER LAKE DR  
CITY-ST-ZIP LEESBURG FL 34788

2.2 NAME WILLIAM NEVANS  
2.3 STREET ADDRESS 7630 CAMBRIDGE MANOR PL.  
2.4 CITY-ST-ZIP FT. MYERS, FL 33907

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

COGGINS, JR.

4/16/99

352-728-2018

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)