

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 20, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N94000001550**

1. Entity 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**



02162004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**NOT APPLICABLE**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**MCCLURE, JOE O  
1950 COURTNEY DR  
SUITE 207  
FT MYERS, FL 33901**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MCCLURE, JOE O 1919-15 COURTNEY DR FT MYERS, FL 33901
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD NEVANS, WILLIAM 7680 CAMBRIDGE MANOR PL FT MYERS, FL 33901
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD COGGINS, LESTER JR. 9595 SILVER LAKE DR LEESBURG, FL 34788
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000059535  
02/23/04-80003-018 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Lester A. Coggins, Jr.*

**LESTER A. COGGINS, JR.**

**2-17-04**

**352-267-5043**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #