


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2005 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
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03012005 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 <input type="checkbox"/>	\$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
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

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	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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03/05/05-80035-001 61.25

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. 3/1/05 352-267-5043
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #