

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2007 8:00 am
Secretary of State

01-26-2007 90026 029 ****61.25

DOCUMENT # N94000002616

1. Entity Name
17251 ALICO CENTER CONDOMINIUM ASSOCIATION,
INC.



Principal Place of Business
17251 ALICO CENTER RD
STE #5
FT MYERS FL 33912

Mailing Address
17251 ALICO CENTER RD
STE #5
FT MYERS FL 33912

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip
33967

Country

Zip
33967

Country

01102007 Chg-NP CR2E037 (12/06)

4. FEI Number
65-0561548

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WINESETT, RICHARD W
2248 FIRST ST.
FT MYERS, FL 33901

Name

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

City

FL

Zip Code

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, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE DP ☒ Delete
NAME WALLACE, TIMOTHY D
STREET ADDRESS 17251 ALICO CENTER RD., UNIT 6
CITY-ST-ZIP FORT MYERS, FL 33912

TITLE DVP ☐ Delete
NAME HATCHER, RONALD
STREET ADDRESS 17251 ALICO CENTER RD., UNIT 4
CITY-ST-ZIP FORT MYERS, FL 33912

TITLE DST ☐ Delete
NAME HEERWAGEN, PETER
STREET ADDRESS 17251 ALICO CENTER RD UNIT 5
CITY-ST-ZIP FT MYERS, FL 33912

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DP ☒ Change ☒ Addition
NAME MAUGHAN, JASON
STREET ADDRESS 17251 ALICO CENTER RD, UNIT 1
CITY-ST-ZIP FORT MYERS, FL 33967

TITLE DST ☒ Change ☐ Addition
NAME HATCHER, RONALD
STREET ADDRESS 17251 ALICO CENTER RD, UNIT 4
CITY-ST-ZIP FORT MYERS, FL 33967

TITLE DVP ☒ Change ☐ Addition
NAME HEERWAGEN, PETER
STREET ADDRESS 17251 ALICO CENTER RD, UNIT 5
CITY-ST-ZIP FORT MYERS, FL 33967

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #