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May 20 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N95000000755 (7)

1. Corporation Name

LEE BOULEVARD TRADE CENTER OWNERS' ASSOCIATION,  
INC.

Principal Place of Business

Mailing Address

201 E JOEL BLVD  
LEHIGH ACRES FL 33936

201 E JOEL BLVD  
LEHIGH ACRES FL 33972-5229

3. Date Incorporated or Qualified  
02/13/1995

3a. Date of Last Report  
02/05/1996

2. Principal Place of Business

2a. Mailing Address

21 226 E JOEL BLVD  
Suite, Apt. #, etc.

26 226 E. JOEL BLVD  
Suite, Apt. #, etc.

22 City & State  
LEHIGH ACRES, FL

27 City & State  
LEHIGH ACRES, FL

23 Zip  
33972

29 Zip  
33972

4. FEI Number  
65-0558899

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ALLISON, JANET  
201 E JOEL BLVD  
LEHIGH ACRES FL 33936  
72

81 Name

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

83

84 City

FL

85 Zip Code

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  
NAME FORTANA, JAMES G  
STREET ADDRESS 201 E JOEL BLVD  
CITY - ST - ZIP LEHIGH ACRES FL 33936

1.1 TITLE PD  
1.2 NAME ALLISON, JANET  
1.3 STREET ADDRESS 226 E. JOEL BLVD  
1.4 CITY - ST - ZIP LEHIGH ACRES, FL 33972

TITLE VST  
NAME ADLER, JOAN F  
STREET ADDRESS 201 E JOEL BLVD  
CITY - ST - ZIP LEHIGH ACRES FL 33936

2.1 TITLE VTD  
2.2 NAME NATIELLO JOHN  
2.3 STREET ADDRESS 226 E. JOEL BLVD  
2.4 CITY - ST - ZIP LEHIGH ACRES, FL 33972

TITLE SD  
NAME ALLISON, JANET  
STREET ADDRESS 201 E JOEL BLVD  
CITY - ST - ZIP LEHIGH ACRES FL 33936

3.1 TITLE SD  
3.2 NAME DOWNS, SUZANNE N.  
3.3 STREET ADDRESS 226 E. JOEL BLVD  
3.4 CITY - ST - ZIP LEHIGH ACRES, FL 33972

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

14. I do 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:

SIGNATURE REQUIRED

5/5/97

941-368-6779

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone # 00550003

CR2E037 (9/96)