

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N95000000897 (7)

1. Corporation Name

LEWIS CIRCLE CONDOMINIUM ASSOCIATION, INC.



| | |
|------------------------------------------|------------------------------------------|
| Principal Place of Business | Mailing Address |
| 276 LEWIS CIRCLE PUNTA GORDA FL 33950 | 276 LEWIS CIRCLE PUNTA GORDA FL 33950 |

| | |
|--------------------------------------------------------|-------------------------|
| 3. Date Incorporated or Qualified 02/23/1995 | 3a. Date of Last Report |
|--------------------------------------------------------|-------------------------|

| | |
|---------------------------------|-------------------------|
| 21. Principal Place of Business | 2a. Mailing Address |
| 22. Suite, Apt. #, etc. | 27. Suite, Apt. #, etc. |
| 23. City & State | 28. City & State |
| 24. Zip | 29. Zip |
| 25. Country | 30. Country |

| | |
|--------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 4. FEI Number 65-0581525 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

**KEESLING, KLINTON
276 LEWIS CIRCLE
UNIT 111
PUNTA GORDA FL 33950**

10. Name and Address of New Registered Agent

| | |
|--------------------------------------------------------|--------------|
| 81. Name | |
| 82. Street Address (P.O. Box Number is Not Acceptable) | |
| 83. City | |
| 84. City | 85. Zip Code |

FL

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: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE: _____

12. OFFICERS AND DIRECTORS

| | | |
|----------------|----------------------------|---------------------------------|
| TITLE | DP | <input type="checkbox"/> DELETE |
| NAME | KEESLING, KLINTON | |
| STREET ADDRESS | 276 LEWIS CIRCLE, UNIT 111 | |
| CITY-ST-ZIP | PUNTA GORDA FL 33950 | |
| TITLE | DVST | <input type="checkbox"/> DELETE |
| NAME | CALKINS, PAUL | |
| STREET ADDRESS | 276 LEWIS CIRCLE, UNIT 111 | |
| CITY-ST-ZIP | PUNTA GORDA FL 33950 | |
| TITLE | DV | <input type="checkbox"/> DELETE |
| NAME | HATCH, JOHN | |
| STREET ADDRESS | 1684 BLUE LAKE CIRCLE | |
| CITY-ST-ZIP | PORT CHARLOTTE FL 33952 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|-------------------------------------------------------------------|
| 11. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. NAME | |
| 13. STREET ADDRESS | |
| 14. CITY-ST-ZIP | |
| 21. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22. NAME | |
| 23. STREET ADDRESS | |
| 24. CITY-ST-ZIP | |
| 31. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32. NAME | |
| 33. STREET ADDRESS | |
| 34. CITY-ST-ZIP | |
| 41. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42. NAME | |
| 43. STREET ADDRESS | |
| 44. CITY-ST-ZIP | |
| 51. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52. NAME | |
| 53. STREET ADDRESS | |
| 54. CITY-ST-ZIP | |
| 61. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62. NAME | |
| 63. STREET ADDRESS | |
| 64. CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Klint Keesling **4-25-96** **941-639-3166**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____

CR2E037 (12/95)