

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.26).

FILED

Sep 17 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 # N95000000897 (7)

1. Corporation Name

LEWIS CIRCLE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

276 LEWIS CIRCLE  
 PUNTA GORDA FL 33950

Mailing Address

276 LEWIS CIRCLE  
 PUNTA GORDA FL 33950

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/23/1995  
 3a. Date of Last Report 05/01/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number

65-0581525

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 owes or has paid the current year Intangible  
 Personal Property Tax due June 30.  Yes  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

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

TITLE DP  
 NAME KEESLING, KLINTON  
 STREET ADDRESS 276 LEWIS CIRCLE, UNIT 111  
 CITY-ST-ZIP PUNTA GORDA FL 33950  DELETE

TITLE DVST  
 NAME CALKINS, PAUL  
 STREET ADDRESS 276 LEWIS CIRCLE, UNIT 111  
 CITY-ST-ZIP PUNTA GORDA FL 33950  DELETE

TITLE DV  
 NAME HATCH, JOHN  
 STREET ADDRESS 1684 BLUE LAKE CIRCLE  
 CITY-ST-ZIP PORT CHARLOTTE FL 33952  DELETE

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

2.1 TITLE DVST  Change  Addition  
 2.2 NAME ZECKSER, TERRY  
 2.3 STREET ADDRESS 276 LEWIS CIRCLE, UNIT 111  
 2.4 CITY-ST-ZIP PUNTA GORDA, FL 33950

3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

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

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

6.1 TITLE  Change  Addition  
 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

9-15-97

041-129-2116

CR2E07 (4/97)