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United State Postal  
Money Order # 64506879663

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N95000002334 (9)

1. Corporation Name

BELLE-VUE PARK COMMUNITY ASSOCIATION, INC.

Principal Place of Business

308 LOUISE AVE.  
FT. MYERS FL 33916

Mailing Address

308 LOUISE AVE.  
FT. MYERS FL 33916



100001847131

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5/21/96

3. Date Incorporated or Qualified  
05/12/1995

3a. Date of Last Report  
FIRST REPORT

2. Principal Place of Business

21 192 HILLSBORO AVE.

Suite, Apt. #, etc.

22 City & State

23 E. Ft. Myers, FL

24 Zip 33916

25 Country Lee

2a. Mailing Address

26 308 LOUISE AVE.

Suite, Apt. #, etc.

27 City & State

28 E. Ft. Myers, FL

29 Zip 33916

30 Country Lee

4. FEI Number

☒ 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

BARNES, MARCUS JR.  
308 LOUISE AVE.  
FT. MYERS FL 33916

10. Name and Address of New Registered Agent

81 Name

Daniel R. Lee

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

192 Hillsboro Ave

83

84 City

E. Ft. Myers.

FL

85 Zip Code 33916

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

*Daniel R. Lee* Daniel R. Lee

5/21/96

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 PD  
NAME BARNES, MARCUS JR.  
STREET ADDRESS 308 LOUISE AVE.  
CITY-ST-ZIP FT. MYERS FL 33916 ☒ DELETE

TITLE VD  
NAME RODRIGUEZ, DONNA  
STREET ADDRESS 1505 MARSH AVE.  
CITY-ST-ZIP FT. MYERS FL 33905 ☒ DELETE

TITLE SD  
NAME MCCLARY, CARMIN B  
STREET ADDRESS 203 GLENBORO AVE.  
CITY-ST-ZIP FT. MYERS FL 33905 ☒ DELETE

TITLE TD  
NAME LOWE, NELLIE L  
STREET ADDRESS 230 EUGENIA AVE.  
CITY-ST-ZIP FT. MYERS FL 33905 ☒ DELETE

TITLE D  
NAME GREEN, INELL  
STREET ADDRESS 315 LOUISE AVE.  
CITY-ST-ZIP FT. MYERS FL 33916 ☐ DELETE

TITLE D  
NAME FRANCIS, FREDDIE  
STREET ADDRESS 313 LOUISE AVE.  
CITY-ST-ZIP FT. MYERS FL 33916 ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Pres  
1.2 NAME Lee, Daniel R.  
1.3 STREET ADDRESS 192 Hillsboro Ave  
1.4 CITY-ST-ZIP E. Ft. Myers, FL 33916 ☐ Change ☒ Addition

2.1 TITLE V Pres  
2.2 NAME Crawford, Leonard E.  
2.3 STREET ADDRESS 145 Lucille Ave.  
2.4 CITY-ST-ZIP E. Ft. Myers, FL 33905 ☒ Change ☒ Addition

3.1 TITLE SD  
3.2 NAME Rodriguez, Donna  
3.3 STREET ADDRESS 1505 Marsh Ave.  
3.4 CITY-ST-ZIP E. Ft. Myers, FL 33905 ☒ Change ☐ Addition

4.1 TITLE T  
4.2 NAME Crawford, Lilan  
4.3 STREET ADDRESS 145 Lucille Ave.  
4.4 CITY-ST-ZIP E. Ft. Myers, FL 33905 ☐ Change ☒ Addition

5.1 TITLE D  
5.2 NAME Barnes, Marcus Jr.  
5.3 STREET ADDRESS 308 Louise Ave.  
5.4 CITY-ST-ZIP E. Ft. Myers FL 33916 ☒ Change ☐ Addition

6.1 TITLE D  
6.2 NAME McClary, Carmin B.  
6.3 STREET ADDRESS 203 Glenboro Ave.  
6.4 CITY-ST-ZIP Ft. Myers, FL 33916 ☒ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption under Section 11 of the 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:

*Daniel R. Lee*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/21/96 941-337-5579  
Date Daytime Phone #

CR2E037 (12/95)