

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N95000003639 (0)

1. Corporation Name

LEHIGH VILLAS, INC.



Principal Place of Business

Mailing Address

1000 BELLE TERRE BLVD.
PALM COAST FL 32164

1000 BELLE TERRE BLVD.
PALM COAST FL 32164

3. Date Incorporated or Qualified
07/31/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number

59-3333092

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

LEFKOWITZ, IVAN M
430 NORTH MILLS AVENUE
ORLANDO FL 32803

81 Name

Steven E. Jones

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

1000 Belle Terre Boulevard

83

84 City

Palm Coast

FL

85 Zip Code

32164

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 Steven E. Jones, Executive Director

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when renewing)

4/30/96

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME SIEGEL, DAVID I
STREET ADDRESS P.O. BOX 350341
CITY-ST-ZIP PALM COAST FL 32135-0341

TITLE D ☐ DELETE
NAME TAYLOR, LOLA
STREET ADDRESS P.O. BOX 426
CITY-ST-ZIP BUNNELL FL 32110-0426

TITLE D ☐ DELETE
NAME QUANTZ, BILL
STREET ADDRESS 128 WESTCHESTER LANE
CITY-ST-ZIP PALM COAST FL 32135-0341

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

11 TITLE Chairman/D ☒ Change ☐ Addition
12 NAME
13 STREET ADDRESS 55 Farragut Drive
14 CITY-ST-ZIP Palm Coast, FL 32137

21 TITLE ☒ Change ☐ Addition
22 NAME
23 STREET ADDRESS 506 N. Cherry Street
24 CITY-ST-ZIP Bunnell, FL 32110

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☒ Change ☐ Addition
52 NAME 100001863281
53 STREET ADDRESS -06/17/96--01023--001
54 CITY-ST-ZIP ***61.25

61 TITLE ☐ Change ☐ 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 does not qualify for the exemption stated in Section 119.07(3)(k), 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: Lola Taylor Lola B. Taylor

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/30/96

Date

904-437-7300

Daytime Phone #

CR2E037 (12/95)