

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N95000004272 (9)

1. Corporation Name

**COMMITTEE TO ENHANCE DRAINAGE AND ROADS OF N.E.
LEE COUNTY, INC.**

Principal Place of Business

**19651 SKIPPER ROAD
NORTH FORT MYERS FL 33917**

Mailing Address

**19651 SKIPPER ROAD
NORTH FORT MYERS FL 33917**



3. Date Incorporated or Qualified
09/07/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 **9949 COUNCILOR LANE**

26 **9949 COUNCILOR LANE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 **N. FT. MYERS, FL**

28 **N. FT. MYERS, FL**

Zip

Country

Zip

Country

24 **33917**

25 **USA**

29 **33917**

30 **USA**

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

**SHAFFER, DAN L
19651 SKIPPER ROAD
NORTH FORT MYERS FL 33917**

81 Name

JAMES TEZYK

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

9949 COUNCILOR LANE

83

84 City

N. FT. MYERS

FL

85 Zip Code

33917

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 obligation of, Section 617.1503, Florida Statutes.

SIGNATURE

[Signature]

JAMES TEZYK

4-29-96

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☒ DELETE
NAME **SHAFFER, DAN**
STREET ADDRESS **19651 SKIPPER ROAD**
CITY-ST-ZIP **NORTH FORT MYERS FL 33917**

1.1 TITLE **D** ☒ Change ☐ Addition
1.2 NAME **JAMES TEZYK**
1.3 STREET ADDRESS **9949 COUNCILOR LANE**
1.4 CITY-ST-ZIP **N. FT. MYERS, FL 33917**

TITLE **D** ☐ DELETE
NAME **KENDRICK, ROBERT C**
STREET ADDRESS **19651 SKIPPER ROAD**
CITY-ST-ZIP **NORTH FORT MYERS FL 33917**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE
NAME **BEAL, EDNA**
STREET ADDRESS **19651 SKIPPER ROAD**
CITY-ST-ZIP **NORTH FORT MYERS FL 33917**

3.1 TITLE **D** ☒ Change ☐ Addition
3.2 NAME **Curtiss C Richter**
3.3 STREET ADDRESS **20300 LANI LN.**
3.4 CITY-ST-ZIP **N. FT. MYERS FL 33917**

TITLE **D** ☐ DELETE
NAME **JOHNS, HELLEN**
STREET ADDRESS **19651 SKIPPER ROAD**
CITY-ST-ZIP **NORTH FORT MYERS FL 33917**

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
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 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:

[Signature]
ROBERT C. KENDRICK

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-96

(941) 334-4121

Date

Daytime Phone #

268

CR2E037 (12/95)