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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

Page 1 of 2

DOCUMENT # N95000005903 (8)

1. Corporation Name

LABELLE WOODS CIVIC ASSOCIATION, INC.



Principal Place of Business

Mailing Address

620 SOUTH MAIN STREET  
LABELLE FL 33935

620 SOUTH MAIN STREET  
LABELLE FL 33935

3. Date Incorporated or Qualified

12/13/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THOMPSON, KEVIN  
620 SOUTH MAIN STREET  
LABELLE FL 33935

81 Name

GERALDINE KOLLAR

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

P.O. Box 211 - 7555 Shilling Rd

83

W. Salem Oh

44287

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

GERALDINE KOLLAR

Geraldine Kollar

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME  
PVD  
THOMPSON, KEVIN  
STREET ADDRESS  
620 SOUTH MAIN STREET  
CITY-ST-ZIP  
LABELLE FL 33935

1.1 TITLE

V/D

☒ Change ☐ Addition

NAME

1.2 NAME

STREET ADDRESS

1.3 STREET ADDRESS

CITY-ST-ZIP

1.4 CITY-ST-ZIP

TITLE

NAME  
STD  
KOLLAR, GERALDINE  
STREET ADDRESS  
POST OFFICE BOX 211  
CITY-ST-ZIP  
W. SALEM OH 44287

2.1 TITLE

V/T/D

☒ Change ☐ Addition

NAME

2.2 NAME

STREET ADDRESS

2.3 STREET ADDRESS

CITY-ST-ZIP

2.4 CITY-ST-ZIP

TITLE

NAME  
D  
SCHREIBER, JIM  
STREET ADDRESS  
11159 RED HIGHWAY LOT 91, BOX 4  
CITY-ST-ZIP  
BRIDGMAN MI 49106

3.1 TITLE

P/D

☒ Change ☐ Addition

NAME

3.2 NAME

STREET ADDRESS

3.3 STREET ADDRESS

CITY-ST-ZIP

3.4 CITY-ST-ZIP

TITLE

NAME  
D  
LACOMB, HELEN  
STREET ADDRESS  
8981 GEORGE AVENUE  
CITY-ST-ZIP  
BERRIEN SPRINGS MI 49103

4.1 TITLE

S/D

☒ Change ☐ Addition

NAME

4.2 NAME

STREET ADDRESS

4.3 STREET ADDRESS

CITY-ST-ZIP

4.4 CITY-ST-ZIP

TITLE

NAME  
D  
SCHAUER, CAROL  
STREET ADDRESS  
8132 E. WI-ACRES DRIVE  
CITY-ST-ZIP  
MADISON IN 47250

5.1 TITLE

8132 E. HI-ACRES DR.

☒ Change ☐ Addition

NAME

6.1 TITLE

STREET ADDRESS  
D  
SAVAGE, RAY  
POST OFFICE BOX 35  
CITY-ST-ZIP  
DOLKTON NC 28135

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

P.O. Box 538, -  
SENECA, IL 61360

☒ Change ☐ Addition

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:

Geraldine Kollar

GERALDINE KOLLAR

2/13/96

944/675-3641

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)

N 95 000005903

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PLEASE ADD THE FOLLOWING TO BLOCK 13

TITLE, D  
NAME, SAWVEL, MILO  
ST. ADDRESS, 16 ZIRCON DR.  
CITY, NAPLES, FL. 33961

TITLE, D  
NAME, GEARY, NANCY  
ST. ADDRESS, 6503 SKYBLUE AVE.  
CITY, LOUISVILLE, KY. 40258

TITLE, D  
NAME, BARTZ, HARRY  
ST. ADDRESS, BOX 365, 7392 RT. 53  
CITY, N. PRATTSBURG, NY. 14873