

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2008 8:00 am
Secretary of State

03-18-2008 90008 006 ****61.25

DOCUMENT # N97000000239

1. Entity Name
**THE VILLAGE AT LEHIGH CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business
C/O LANDEX RESORTS INT'L
1100 HOMESTEAD RD N
LEHIGH ACRES, FL 33936

Mailing Address
1100 HOMESTEAD ROAD NORTH
LEHIGH ACRES, FL 33936

40047633



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03042008

Chg-NP

CR2E037 (12/06)

City & State

City & State

4. FEI Number
65-0920294

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SEIDEL, FRED R. CAM/CHA
C/O LANDEX RESORTS INT'L
1100 HOMESTEAD RD N
LEHIGH ACRES, FL 33936

Name Darlene Williams, CAM.

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

1100 Homestead Rd. N.

City Lehigh Acres

FL

Zip Code
33936

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Darlene Williams, CAM

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

(NOTE: Registered Agent signature required when re-registering)

3-4-08

DATE

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
MORGAN, JOHN M
8911 DANIELS PARKWAY, #6
FORT MYERS, FL 33912 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
EILF, WILLIAM
1251 TAYLOR LANE
LEHIGH ACRES, FL 33936 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VTSD
BOROSCH, EUGEN K
25 HOMESTEAD RD. N., SUITE 11
LEHIGH ACRES, FL 33936 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/08 ✓

Date

239-369-5848

Daytime Phone #