

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # N97000001381 (9)

1. Corporation Name

SOUTH ESTERO COMMERCIAL CENTER LOT OWNER'S ASSOC
IATION, INC.

Principal Place of Business

Mailing Address

12381 SOUTH TAMiami TRAIL
SUITE 404
FT MYERS FL 33907

12381 SOUTH TAMiami TRAIL
SUITE 404
FT MYERS FL 33907

2. Principal Place of Business

2a. Mailing Address

21 6360 Presidential Ct
Suite Apt. #, etc.

26 6360 Presidential Ct
Suite Apt. #, etc.

22 Suite 4
City & State

27 Suite 4
City & State

23 Ft Myers FL
Zip Country

28 Ft Myers FL
Zip Country

24 33919 25 Lee

29 33919 30 Lee

9. Name and Address of Current Registered Agent

KEVIN F. JURSKI, P.A.
2222 SECOND STREET
FORT MYERS FL 33901

3. Date Incorporated or Qualified

03/10/1997

4. FEI Number

65-0209676

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

7. Is this nonprofit corporation a homeowners association?

Yes No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

Yes No

10. Name and Address of New Registered Agent

81 Name

Peter Gravina

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

1833 Hendry St.

83 City

Ft. Myers

84 State

FL

85 Zip Code

33901

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

8-15-98

12. OFFICERS AND DIRECTORS

TITLE D
NAME HITHERSAY, STEVE
STREET ADDRESS 12381 S TAMiami TRAIL, STE 404
CITY-ST-ZIP FT MYERS FL 33907

TITLE D
NAME GEM, MICHAEL
STREET ADDRESS 2724 DEL PRADO BLVD
CITY-ST-ZIP CAPE CORAL FL 33904

TITLE D
NAME MUSSEY, JOHN
STREET ADDRESS 1504 GROVE AVENUE
CITY-ST-ZIP FORT MYERS FL 33901

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/15/98 (941) 433-0400
Date Daytime Phone #

CR2E037 (5/98)

FILED
Oct 01 1998 8:00am
Secretary of State

