

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**


FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000003995 ✓

1. Corporation Name

LEE COUNTY LACROSSE INC.

Principal Place of Business

 6125 LAKE FRONT DR
FORT MYERS FL 33908

Mailing Address

 6125 LAKE FRONT DR
FORT MYERS FL 33908

FILED
Jan 22, 1999 8:00 am
Secretary of State

01-22-1999 90045 045 ****61.25

07-09-1999 90018 002 ****61.25

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2. Principal Place of Business

 1. 6125 Lake Front Dr
Suite, Apt. #, etc.

2a. Mailing Address

2b. Suite, Apt. #, etc.

3. Date Incorporated or Qualified

07/08/1998

311612931

4. FEI Number

311612931

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

9. Name and Address of Current Registered Agent

 DEKOFF, BRUCE
6125 LAKE FRONT DR
FORT MYERS FL 33908

10. Name and Address of New Registered Agent

81. Name

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

83.

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 617.0508, Florida Statutes.

SIGNATURE

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

NOTE: Registered Agent signature required when re-registering.

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
D	DEKOFF, BRUCE	6125 LAKE FRONT DR	FORT MYERS FL 33908	☐
D	SCOTT, STEVEN	8005 WINGED FOOT DR	FORT MYERS FL 33912	☐
D	HARPER-PHANEUF, VIRGINIA	13430 MCGREGOR BLVD	FORT MYERS FL 33919	☐
D				☐
D				☐
D				☐

Do Not delete

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
	John J. Suelow	290 Polynesia Ct.	Marco Island, FL 33941																				
	Scott Steven	8005 Winged Foot Dr	Ft Myers, FL 33912																				

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, with all other like empowered.

SIGNATURE:

SIGNATURE OF REGISTERED AGENT

6-30-99

481-5150

CR2E037 (5/99)