

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2006 8:00 am
Secretary of State

04-25-2006 90106 006 ***150.00

DOCUMENT # P93000084576

1. Entity Name
FLORIDA LIFESTYLE HOMES OF FT. MYERS, INC.



Principal Place of Business

**14241 METROPOLIS
SUITE 101
FORT MYERS, FL 33912 US**

Mailing Address

**868 106TH AVE. N.
NAPLES, FL 34108 US**

2. Principal Place of Business

14421 Metropolis Ave.

Suite, Apt. #, etc.

Suite 101

City & State

Fort Myers, FL

Zip

33912

Country

US

3. Mailing Address

14421 Metropolis Ave.

Suite, Apt. #, etc.

Suite 101

City & State

Fort Myers, FL

Zip

33912

Country

US



01102006

Chg-P

CR2E034 (11/05)

4. FEI Number

59-3216917

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WANDERON, THOMAS
868 106TH AVE. N.
NAPLES, FL 34108**

7. Name and Address of New Registered Agent

Name

Wanderon, Thomas

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

809 Walkerville Rd #5

City

Naples

FL

Zip Code

34110

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/21/06

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **ENNEN, WILLIAM C.**
STREET ADDRESS **989 BAL ISLE DR.**
CITY-ST-ZIP **FORT MYERS, FL 33912**

TITLE **D** ☐ Delete
NAME **ENNEN, WILLIAM C**
STREET ADDRESS **989 BALISLE DR**
CITY-ST-ZIP **FORT MYERS, FL 33912**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **14421 Metropolis Ave, Suite 101**
CITY-ST-ZIP **Fort Myers, FL 33912**

TITLE ☒ Change ☐ Addition
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STREET ADDRESS **14421 Metropolis Ave, Suite 101**
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 607, 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:

Bill Ennen

Bill Ennen

4/18/06 239-454-9154

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #