

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000084576

FILED  
Feb 02, 2012  
Secretary of State

**Entity Name:** FLORIDA LIFESTYLE HOMES OF FT. MYERS, INC.

**Current Principal Place of Business:**

14440 METROPOLIS AVE  
SUITE 103  
FORT MYERS, FL 33912 US

**New Principal Place of Business:**

**Current Mailing Address:**

14440 METROPOLIS AVE  
SUITE 103  
FORT MYERS, FL 33912 US

**New Mailing Address:**

**FEI Number:** 59-3216917

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WILLIAM, ENNEN  
14440 METROPOLIS AVE.  
SUITE 103  
FORT MYERS, FL 33912 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: ENNEN, WILLIAM C  
Address: 14440 METROPOLIS AVE, SUITE 103  
City-St-Zip: FORT MYERS, FL 33912

Title: D  
Name: ENNEN, WILLIAM C  
Address: 14440 METROPOLIS AVE, SUITE 103  
City-St-Zip: FORT MYERS, FL 33912

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: WILLIAM C ENNEN

PRES

02/02/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date