

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Mar 12 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000012857 (5)

1. Corporation Name  
LOT OWNERS INVESTMENT CORPORATION

Principal Place of Business

3333 26TH AVE E  
#1119  
BRADENTON FL 34208

Mailing Address

3333 26TH AVE E  
#1119  
BRADENTON FL 34208-7201



3. Date Incorporated or Qualified  
02/08/1995

3a. Date of Last Report  
03/12/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number

65-0556843

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

GAUTHIER, HOWARD  
3333 26TH AVE E  
#1119  
BRADENTON FL 34208

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AUSTIN, JOHN A	1.2 NAME	
STREET ADDRESS	3333 26TH AVE E #1119	1.3 STREET ADDRESS	
CITY - ST - ZIP	BRADENTON FL 34208	1.4 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREEN, MELBOURNE	2.2 NAME	
STREET ADDRESS	3333 26TH AVE E #1119	2.3 STREET ADDRESS	
CITY - ST - ZIP	BRADENTON FL 34208	2.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SECRET, PETER	3.2 NAME	
STREET ADDRESS	3333 26TH AVE E #1334	3.3 STREET ADDRESS	
CITY - ST - ZIP	BRADENTON FL 34208	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROY, WILLIAM	4.2 NAME	
STREET ADDRESS	3333 26TH AVE E #1136	4.3 STREET ADDRESS	
CITY - ST - ZIP	BRADENTON FL 34208	4.4 CITY - ST - ZIP	
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLOUGH, BETTY	5.2 NAME	
STREET ADDRESS	3333 26TH AVE E #1119	5.3 STREET ADDRESS	
CITY - ST - ZIP	BRADENTON FL 34208	5.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DREW, POLLY	6.2 NAME	
STREET ADDRESS	3333 26TH AVE E #1170	6.3 STREET ADDRESS	
CITY - ST - ZIP	BRADENTON FL 34208	6.4 CITY - ST - ZIP	

14. I do 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 607, 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

Date

Daytime Phone #

CR2E034 (9/96)