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May 09 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 # P95000082067 (6)

1. Corporation Name

CROIX APARTMENTS OF LEE COUNTY, INC.

Principal Place of Business

Mailing Address

3207 BROADWAY
#77
FORT MYERS FL 33901
US

954 CLARELLEN DRIVE
F. MYERS FL 33919-6007

3. Date Incorporated or Qualified
10/25/1995

3a. Date of Last Report
05/23/1996

2. Principal Place of Business

2a. Mailing Address

21 1901 Linhart

26 1901 Linhart

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 #10

27 #10

City & State

City & State

23

28 Fort Myers, FL

Zip

Country

Zip

Country

24

25

29 33901

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HELGEMO, STEPHEN L
1715 MONROE STREET
FT. MYERS FL 33901

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME LATELL, FRANK A
STREET ADDRESS 3207 BROADWAY, #77
CITY-ST-ZIP FT. MYERS FL

☐ DELETE

1.1 TITLE
1.2 NAME 1901 Linhart
1.3 STREET ADDRESS #10
1.4 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE D
NAME LATELL, KATHLEEN
STREET ADDRESS 954 CLARELLEN DRIVE
CITY-ST-ZIP FT. MYERS FL 33919

☐ DELETE

2.1 TITLE
2.2 NAME 1901 Linhart
2.3 STREET ADDRESS #10
2.4 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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

☐ Change ☐ Addition

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, changed, or on an attachment with an address.

SIGNATURE: ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0409184

CR2E034 (9/96)