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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000096502

LAKE FOREST OF PORT CHARLOTTE, INC.

Principal Place	of Business	Mailing Address					•
3491 TAMIAMI TRAIL 3491 TAMIAMI TRAIL PORT CHARLOTTE FL 33952 PORT CHARLOTTE FL 33952							
					DO NOT WRITE IN THIS SPACE		
		•			3. Date Incorporated or Qualifed		
-	•	•			11/22/1996		
				<u>,</u>	4. FEI Number	Ann	lied For
Principal Place of Business 2a. Mailing Address							Applicable
21			<u></u>		65-0717236	\$8,75 A	
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certifcate of Status Desired	Fee Rec	. i
27				AF 00			
City & State City & State					6. Election Campaign Financing,	Added to	
23	28				Trust Fund Contribution		rees
Zip			Count	, , , , , , , , , , , , , , , , , , , ,		igibie ∐Yes İ	⊐No
24	25	29 3	30		reisonal roperty rux.		
	9. Name and Address of Current				10. Name and Address of New Registered A	gent	
	2 3 3 3 3 5 A J	EDITORIA.	} {	31 Name			
KEDZIORA, JOHN			1	Street Add	dress (P.O. Box Number is Not Acceptable)		
3491 TAMIAMI TRAIL			•	<u> </u>	4 . 4 5 . 2 5 . 2 1 4 . 2 5 . 3 1 1 1 2 5 5 5 5 8 2 1 5	- 18 × 25 × 5	and the for
PORT CHARLOTTE FL 33952			1	33		1965年1965	
			L.	34 City	• 417 5 5 1 1 5 1 1 8 7 1 1 1 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	85 Zip C	ode
			1		FL	11	
SANT TARREST	A the provisions of Sections 607.050	2 and 607 1508 Florida Statute	s, the ab	ove-named co	poration submits this statement for the purpose of c	hanging its	egistered
office or r	egistered agent, or both, in the State of manifer with, and accept the obligation	of Florida, Such change was au	thorized	by the corpora	poration submits this statement for the purpose of clion's board of directors. I hereby accept the appoint	ment as reg	istereu .
agent. I a	m familiar with, and accept the obliga-	udita di, decudii der idada, i idi.			•		i
SIGNATURE	Signature, typed or printed name of registered agen	nt and title if applicable. (NOTE: I	Registered A	gent signature requi	red when reinstating) DATE		
12. OFFICERS AND DIRECTORS			13.		ADDITIONS/CHANGES TO OFFICERS AND		
TITLE	Р	☐ DELETE	1.1 TITL	E	85-07-17-635	Change	Addition
NAME			1.2 NAS	AE .].
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STREET ADDRESS	PORT CHARLOTTE FL 33952		14 CIT	Y-ST-ZIP			· .
CITY-ST-ZIP	ST ST	DELETE	2.1 TITL			Change	Addition)
TITLE	1	_	2.2 NA	/E	•		1
NAME	KEDZIORA, JADWOGA			REET ADDRESS			
STREET ADDRESS			۱۱ د ډ.ه				
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TIMLE KEY	COBE, JOHN		_	Y-ST-ZIP		☐ Change	☐ Addition
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CITY-ST-ZÍP 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 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted. If on an attachment with an address, with all other like empowered.

6.2 NAME

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

DESPREATED THE

900年的解析的证明。

CITY-ST-ZIP

STREET ADDRESS

NAME

DELETE

FILED

Feb 01, 1999 8:00am

Secretary of State

02-01-1999 90001 013 ***150.00