2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

AMENDED ANNUAL REPORT								
DOCUMENT # V53187					Page 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
LEHIGH LAND & INVESTMENT, INC.					08 NOV 24 AM 8: 45			
Principal Plac	e of Business		LALAHASSEE FLORIDA					
Principal Pface of Business Mailing Address 4315 METRO PARKWAY 4315 METRO PAR			'AY				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
SUITE 500		SUITE 500						
FORT MYERS, FL 33916 US FORT MYERS, FL 33916			16 U	S		T!!CO O 40 F!!! E	. Hibby albiy birii biali biali o'	
	Place of Business - No P.O. Box #	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		10292008	Chg-P	CR2E034 (12/06))	
City & Stat	e	City & State			4. FEI Numbe 65-0414		⊢	Applied For Not Applicable
Zip	Country	Zip Count		try	5. Certificate	of Status Desired	S8.75 Ac	ditional ed
	6. Name and Address of Current R	7. Name and Address of New Registered Agent						
NATIELLO	A JOHN A	Name ROTH, JEFFREY H.						
NATIELLO 4315 MET	RO PARKWAY	Street Address (P.O. Box Number is Not Acceptable)						
SUITE 500				4315 METRO PARKWAY				
FORT MYERS, FL 33916				-	SUITE 500			
	<u> </u>				RT MYERS		FL Zip Con	16
8. The above named entry 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.								
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SIGNATURE Jeffrey H. Roth, VP UII7108 Signature, types of printed name of registered agent and talls if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
Am	ended AR is \$61.25	~ +•	.00 May Be led to Fees					
10.	OFFICERS AND E	DIRECTORS	11,		ADDITIONS/	SHANGES TO DEEL	ICERS AND DIRECTOR	PS IN 11
TITLE	DVS	XX Delete	TITLE	:	-			
NAME	HUGHES, HEIDI NAM			1	11/24/0	8- -07059€:	3847 ⁹⁻⁶⁰⁰⁰ -005 **61.29	ς
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP				•
TITLE	DP DP	☐ Delete	TITLE				☐ Change	☐ Addition
NAME	HOLQUIST, LAURA A		NAM	E				
STREET ADDRESS				ET ADORESS -ST-ZIP				í
TITLE	VAS	XX Delete	TITLE				☐ Change	Addition
NAME	NATIELLO, JOHN A	_ 0000	NAMI				C Onlange	
STREET ADDRESS CITY-ST-ZIP	4315 METRO PARKWAY, SUITE	500		ET ADDRESS				
TITLE	FORT MYERS, FL 33916	TET Delete	TITLE	-\$1-ZIP				O Addition
NAME	HORVATH, MARGARET	Delete	NAMI				☐ Change	☐ Addition
STREET ADDRESS	4315 METRO PARKWAY, SUITE	500		et address				
CITY-ST-ZIP	FORT MYERS, FL 33916		-	-ST-ZIP	-		W47	
TITLE NAME	DV ROTH, JEFFREY H	☐ Delete	TITLE		AS		K KChange	☐ Addition
STREET ADDRESS	4315 METRO PARKWAY, SUITE	500	STRE	et address				
CITY-ST-ZIP	FORT MYERS, FL 33916		CITY	-ST-ZIP			- 1/2	
TITLE NAME		☐ Delete	NAM			WILLIAM		XX Addition
STREET ADDRESS				· ·		ATE DRIVE,		
CITY-ST-ZIP	J.			ST-ZIP PA	LM COAST	FL 3213	7-4715	
12. I hereby of indicated	certify that the information supplied with to on this report or supplemental report is t	his filing does not qualify for true and accurate and that m	r the exe	emptions contained ture shall have the	f in Chapter 119, same legal effect	Florida Statutes. I	further certify that the path; that I am an office	information or director
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 trystee impowered 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 adoptess, with all other like empowered.								
239–333–3300								
SIGNATURE: Jeffrey H. Roth, VP 1117/08 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #								

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