

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State
 05-01-2002 91493 039 ****61.25

DOCUMENT # 728121

1. Entity Name

**TURTLE LAKE GOLF COLONY CONDOMINIUM APTS., INC.
 NO. 1**

Principal Place of Business

Mailing Address

**180 FOREST LAKES BLVD
 NAPLES FL 34105
 US**

**180 FOREST LAKES BLVD
 NAPLES FL 34105
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1579002

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WILDES, STANLEY L
 300 FOREST LAKES BLVD
 #312
 NAPLES FL 34105**

Name

PATRICIA FOREST

Street Address (P.O. Box Number is Not Acceptable)

180 FOREST LAKES BOULEVARD

City

NAPLES

FL

Zip Code

34105

8. 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 **PATRICIA FOREST, PRESIDENT**

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

(NOTE: Registered Agent signature required when reinstating)

28 MARCH 2002

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VP** ☒ Delete
 NAME **SANDERS, WAYNE**
 STREET ADDRESS **7200 CAHILL ROAD**
 CITY-ST-ZIP **EDINA MN 55439**

TITLE **VICE PRESIDENT** ☐ Change ☒ Addition
 NAME **ROBERT ARKES**
 STREET ADDRESS **190 TURTLE LAKE COURT, UNIT 201**
 CITY-ST-ZIP **NAPLES, FL 34105**

TITLE **D** ☐ Delete
 NAME **FOREST, PATRICIA**
 STREET ADDRESS **180 TURTLE LAKE CT #304**
 CITY-ST-ZIP **NAPLES FL 34105**

TITLE **PRESIDENT** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S** ☒ Delete
 NAME **FRENCH, ROBERT**
 STREET ADDRESS **225 TURTLE LAKE CT #110**
 CITY-ST-ZIP **NAPLES FL 34105**

TITLE **SECRETARY** ☐ Change ☒ Addition
 NAME **MILLER, ANITA**
 STREET ADDRESS **200 FOREST LAKES BOULEVARD, UNIT 211**
 CITY-ST-ZIP **NAPLES, FL 34105**

TITLE **T** ☒ Delete
 NAME **BECKMAN, MARILYN**
 STREET ADDRESS **160 TURTLE LAKE CT #203**
 CITY-ST-ZIP **NAPLES FL 34105**

TITLE **TREASURER** ☐ Change ☒ Addition
 NAME **CARLSON, EDWARD**
 STREET ADDRESS **100 FOREST LAKES BLVD., UNIT 311**
 CITY-ST-ZIP **NAPLES, FL 34105**

TITLE **D** ☐ Delete
 NAME **SANDERS, WAYNE**
 STREET ADDRESS **7200 CAHILL RD**
 CITY-ST-ZIP **EDINA MN 55439**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☒ Delete
 NAME **YANKER, HELEN**
 STREET ADDRESS **100 FOREST LAKES BLVD #302**
 CITY-ST-ZIP **NAPLES FL 34105**

TITLE **DIRECTOR** ☐ Change ☒ Addition
 NAME **WILDES, STANLEY**
 STREET ADDRESS **300 FOREST LAKES BLVD., UNIT 312**
 CITY-ST-ZIP **NAPLES, FL 34105**

12. 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 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 trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Stanley Wilde
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)