

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 749232

1. Entity Name

PUNTA GORDA ISLES, SECTION 22 HOMEOWNERS ASSOCIA

FILED  
Apr 26, 2000 8:00 am  
Secretary of State

04-26-2000 90184 024 \*\*\*\*61.25

Principal Place of Business

Mailing Address

1904 CLUBHOUSE DR  
SUN CITY CENTER FL 33573

5000 BURNT STORE RD  
C/O FLM  
PUNTA GORDA FL 33955-1913

2. Principal Place of Business

24301 Walden Center Drive

3. Mailing Address

24301 Walden Center Drive

Suite, Apt. #, etc.

Suite 300

Suite, Apt. #, etc.

Suite 300

City & State

Bonita Springs, FL

City & State

Bonita Springs, FL

4. FEI Number

59-2131293

Applied For

Not Applicable

Zip

34134

Country

USA

Zip

34134

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

FLINN, MILTON G  
2020 CLUBHOUSE DRIVE  
SUN CITY CENTER FL 33571

7. Name and Address of New Registered Agent

Name

JAMES D. CULLEN

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

24301 WALDEN CENTER DR.

City

BONITA SPRINGS

FL

Zip Code

34134

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

James D Cullen

JAMES D Cullen

4/20/00

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

(NOTE: Registered Agent signature required when reinstating)

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

TITLE PVD  
NAME SMITH, ALAN ☐ Delete  
STREET ADDRESS 5000 BURNT STORE RD  
CITY-ST-ZIP PUNTA GORDA FL 33955

TITLE D  
NAME KUSHNER, LOU ☐ Delete  
STREET ADDRESS 5071 KEY LARGO CR  
CITY-ST-ZIP PUNTA GORDA FL 33955

TITLE PD ☒ Delete  
NAME PATE, STEPHAN  
STREET ADDRESS 5000 BURNT STORE RD  
CITY-ST-ZIP PUNTA GORDA FL 33955

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VOST ☐ Change ☒ Addition  
NAME BLACKBURN, VICKI  
STREET ADDRESS 20101 WILDCAT RUN DRIVE SE  
CITY-ST-ZIP ESTERO, FL. 33928

TITLE PD ☒ Change ☐ Addition  
NAME SMITH, ALAN  
STREET ADDRESS 5000 BURNT STORE RD.  
CITY-ST-ZIP PUNTA GORDA, FL. 33955

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

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

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

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

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: Victoria L. Blackburn  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-21-00 941-949-2959