2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State
05-14-2001 90108 032 ****61.25

0069374

DOCUMENT # 755855

1. Entity Name

SPRING LAKE II HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
10060 AMBERWOOD RD 4 FT. MYERS FL 33913 US	C/O GULF COAST MANAGEMENT 10060 AMBERWOOD RD 4 FT. MYERS FL 33913 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
C/O W.W. Schoo Mgmt, Inc.	C/O W.W. Schoo Mgmt, Inc.
Suite, Apt. #, etc.: 9411 Cypress Lake Dr, Ste 2	Suite, Apt. #, etc.: 9411 Cypress Lake Dr, Ste 2
City & State: Fort Myers FL	City & State: Fort Myers FL
Zip: 33919 Country: USA	Zip: 33919 Country: USA

4. FEI Number 59-2723733 ☐ Applied For ☐ Not Applicable

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
GELLES, BOB C/O GULF COAST MANGEMENT 10060 AMBERWOOD RD 4 FT. MYERS FL 33913	Name: W.W. Schoo Management, Inc. Street Address (P.O. Box Number is Not Acceptable): 9411 Cypress Lake Drive Suite 2 City: Fort Myers FL Zip Code: 33919

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 _____ Paul Schoo, LCAM 4-25-2001
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BOWMAN, TODD 6268 WESTSHORE DR #E-2 FT MYERS FL 33907	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HELMS, CINDY 6272 WESTSHORE DR #F-1 FT. MYERS FL 33907	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD HOOVER-SMITH, HELEN 6272 WESTSHORE DR #F4 FT MYERS FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD J. HEPPENSTALL 6272 WESTSHORE DR F2 FORT MYERS FL 33907	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E037 (10/00)

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: SIGNATURE REQUIRED 4-26-2001 941-481-4700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #