2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State
05-27-2002 90409 031 ****61.25

DOCUMENT # 755855

1. Entity Name

SPRING LAKE II HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O W.W. SCHOO MGMT. INC 9411 CYPRESS LAKE DR. STE 2 FORT MYERS FL 33919 US	C/O W.W. SCHOO MGMT. INC 9411 CYPRESS LAKE DR. STE 2 FORT MYERS FL 33919 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
c/o Schoo Management, Inc.	c/o Schoo Management, Inc.
Suite, Apt. #, etc.: 9411 Cypress Lake #2	Suite, Apt. #, etc.: 9411 Cypress Lake #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
W.W. SCHOO MANAGEMENT, INC 9411 CYPRESS LAKE DR SUITE 2 FORT MYERS FL 33919	Name: Leslie Johnson Street Address (P.O. Box Number is Not Acceptable): c/o Schoo Management, Inc. 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 _____ Leslie Johnson

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	P/D Wilcox, Denise 6272 Westshore Drive F3 Fort Myers, FL 33907	☐ 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	T/D Sullen, Kathryn 6268 WestshoreeDrive E2 Fort Myers, FL 33907	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD HEPPENSTALL, J 6272 WESTSHORE DR #F2 FORT MYERS FL 33907	☐ 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
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

CR2E037 (9/01)

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: J. Heppenstall J. Heppenstall

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #