## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED May 29, 2003 8:00 am § Secretary of State

## OCHMENT # 755055

DOCUMENT # **755855** 05-29-2003 90137 037 \*\*\*\*61.25 1. Entity Name SPRING LAKE II HOMEOWNERS' ASSOCIATION, INC. Principal Place of Business Mailing Address C/O SCHOO MANAGEMENT INC C/O SCHOO MANAGEMENT INC 9411 CYPRESS LAKE DR. STE 2 9411 CYPRESS LAKE DR. STE 2 FORT MYERS FL 33919 FORT MYERS FL 33919 3. Mailing Address 2. Principal Place of Business 13300-56 S. Cleveland Av. 6268 Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES Applied For-4. FEI Number 59-2723733 FL Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired -ec Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JOHNSON, LESLIE O. Box Number is Not Acceptable) C/O SCHOO MANAGEMENT, INC 9411 CYPRESS LAKE DR SUITE 2 FORT MYERS FL 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. I am familiar with, and accept the obligations of registered agent 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Addition Delete Change TITLE TITLE Richard Hoffmann WILCOX, DENISE NAME NAME 6268 Westshore Dr. E-Z STREET ADDRESS STREET ADDRESS 6272 WESTSHORE DRIVE F3 CITY-ST-ZIP CITY-ST-7IP FT MYERS FL 33907 Ft. Myers FL 33907 TITLE Delete TITLE 🔂 Change Addition SULLEN, KATHRYN NAME NAME STREET ADDRESS 6268 WESTSHORE DR E3 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP T. Myers PL 33907 FT. MYERS FL 33907 Delete TITLE ☐ Addition TITLE Change HEPPENSTALL, J NAME NAME STREET ADDRESS 6272 WESTSHORE DR #F4 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT MYERS FL 33907 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

5-7-03

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