

# 2001 UNIFORM BUSINESS REPORT (UBR)

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**FILED**  
**Mar 09, 2001 8:00 am**  
**Secretary of State**

02-26-2001 90496 044 \*\*\*\*61.25

**DOCUMENT # 765820**

1. Entity Name

**CORKSCREW WOODLANDS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

21600 CORKSCREW WOODLANDS BLVD.  
 ESTERO FL 33928

21600 CORKSCREW WOODLANDS BLVD.  
 ESTERO FL 33928

25500



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2264345

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

**SHIELDS, CHRISTOPHER J**  
**1833 HENDRY STREET**  
**FT. MYERS FL 33901**

Name

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

City

**FL**

Zip Code

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

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 **D**  Delete  
 NAME **P LEE, RAY**  
 STREET ADDRESS **10729 YELLOW RAIL CIR**  
 CITY-ST-ZIP **ESTERO FL 33928**

TITLE **D**  Change  Addition  
 NAME **BOARD MEMBER SLADEK, DAVID**  
 STREET ADDRESS **10931 PEREGRINE FALCON CR.**  
 CITY-ST-ZIP **ESTERO, FL 33928**

TITLE **VP**  Delete  
 NAME **WOODY, SHIRLEY**  
 STREET ADDRESS **10714 YELLOW RAIL CIRCLE**  
 CITY-ST-ZIP **ESTERO FL 33928**

TITLE **D**  Change  Addition  
 NAME **WOODY, SHIRLEY**  
 STREET ADDRESS **10714 Yellow Rail Circle**  
 CITY-ST-ZIP **ESTERO, FL 33928**

TITLE **TD**  Delete  
 NAME **CARTER, MARY**  
 STREET ADDRESS **10722 ROSEATE SPOONBILL CIRCLE**  
 CITY-ST-ZIP **ESTERO FL**

TITLE **D**  Change  Addition  
 NAME **HILLYER, LARRY**  
 STREET ADDRESS **10941 Peregrine Falcon Cir.**  
 CITY-ST-ZIP **ESTERO, FL 33928**

TITLE **SD**  Delete  
 NAME **TAYLOR, CARL**  
 STREET ADDRESS **10931 SNOWY EGRET CIRCLE**  
 CITY-ST-ZIP **ESTERO FL**

TITLE **D**  Change  Addition  
 NAME **SMITH, WILLIAM PAYNE**  
 STREET ADDRESS **10831 BLACK WISKERED VIREO CR.**  
 CITY-ST-ZIP **ESTERO, FL 33928**

TITLE **ASTD**  Delete  
 NAME **SHATTUCK, DONALD**  
 STREET ADDRESS **10951 SNOWY EGRET CIRCLE**  
 CITY-ST-ZIP **ESTERO FL**

TITLE **D**  Change  Addition  
 NAME **BOARD MEMBER MOELLER, DOYLE**  
 STREET ADDRESS **10901 GROUND DOVE CIRCLE**  
 CITY-ST-ZIP **ESTERO, FL 33928**

TITLE **BM**  Delete  
 NAME **BROOKS, BILL**  
 STREET ADDRESS **10921 LEAST TERN CIRCLE**  
 CITY-ST-ZIP **ESTERO FL 33928**

TITLE **D**  Change  Addition  
 NAME **BOARD MEMBER BALL, LARRY**  
 STREET ADDRESS **10853 BONA PARTES GULL**  
 CITY-ST-ZIP **ESTERO, FL 33928**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

*Christopher J. Shields*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-20-01  
 Date

941-992-3401  
 Daytime Phone #

CR2E037 (10/00)