

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **766790** (0)

1. Corporation Name

EAGLE RIDGE PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business

**13300-56 S. CLEVELAND AVE
STE 157
FORT MYERS FL 33907**

Mailing Address

**13300-56 S. CLEVELAND AVE
STE 157
FORT MYERS FL 33907**



3. Date Incorporated or Qualified
02/01/1983

3a. Date of Last Report
03/28/1995

2. Principal Place of Business
21 **8750-11 GLADIOLUS DR**

2a. Mailing Address
26 **8750-11 GLADIOLUS DR**

4. FEI Number
59-2380226

Applied For
Not Applicable

Suite, Apt. #, etc.

22 **Suite-177**

City & State

23 **FT. MYERS, FL**

Zip

24 **33908**

Country

25 **LFE**

City & State

28 **FT. MYERS, FL**

Zip

29 **33908**

Country

30 **LFE**

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**RANIERI, SAMUEL J.
13300-56 S CLEVELAND AVE
STE 157
FT. MYERS FL 33907**

10. Name and Address of New Registered Agent

81 Name **RANIERI, Samuel J.**
82 Street Address (P.O. Box Number is Not Acceptable)
7537 EAGLE'S FLIGHT LANE
83 **F**
84 City **FT. MYERS, FL** 85 Zip Code **33912**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE
NAME **DOUGLAS, MICHAEL**
STREET ADDRESS **13300-56 S. CLEVELAND AVE., STE. 157**
CITY-ST-ZIP **FT. MYERS FL**

TITLE **D** ☒ DELETE
NAME **BENNETT, RICHARD**
STREET ADDRESS **13300-56 S. CLEVELAND AVE., STE. 157**
CITY-ST-ZIP **FT. MYERS FL**

TITLE **TD** ☐ DELETE
NAME **RANIERI, SAMUEL**
STREET ADDRESS **13300-56 S. CLEVELAND AVE., STE. 157**
CITY-ST-ZIP **FT. MYERS FL**

TITLE **VPD** ☒ DELETE
NAME **PRICE, HARVEY**
STREET ADDRESS **13300-56 S. CLEVELAND AVE., STE. 157**
CITY-ST-ZIP **FT. MYERS FL**

TITLE **D** ☒ DELETE
NAME **ARNOLD, WAYNE**
STREET ADDRESS **13300-56 S. CLEVELAND AVE., STE. 157**
CITY-ST-ZIP **FT. MYERS FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME **Bob Belner**
1.3 STREET ADDRESS **8750-11 GLADIOLUS DR. - Suite-177**
1.4 CITY-ST-ZIP **FT. MYERS, FL 33908**

2.1 TITLE **VPD** ☒ Change ☐ Addition
2.2 NAME **Joyce Dealey**
2.3 STREET ADDRESS **8750-11 GLADIOLUS DR. - Suite 177**
2.4 CITY-ST-ZIP **FT. MYERS, FL 33908**

3.1 TITLE **TD** ☒ Change ☐ Addition
3.2 NAME **RANIERI, Samuel J.**
3.3 STREET ADDRESS **8750-11 GLADIOLUS DR. - Suite 177**
3.4 CITY-ST-ZIP **FT. MYERS, FL 33908**

4.1 TITLE **D** ☒ Change ☐ Addition
4.2 NAME **McNeil, Ken**
4.3 STREET ADDRESS **8750-11 GLADIOLUS DR. - Suite 177**
4.4 CITY-ST-ZIP **FT. MYERS, FL 33908**

5.1 TITLE **D** ☒ Change ☐ Addition
5.2 NAME **HARTMAN, Joe**
5.3 STREET ADDRESS **8750-11 GLADIOLUS DR. - Suite 177**
5.4 CITY-ST-ZIP **FT. MYERS, FL 33908**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Samuel J. Ranieri

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)