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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **766790**

1. Corporation Name
EAGLE RIDGE PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
8750-11 GLADIOLUS DR STE 177 FORT MYERS FL 33908 US	8750-11 GLADIOLUS DR STE 177 FORT MYERS FL 33908 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	02/01/1983
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2380226 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

RANIERI, SAMUEL J.
7537 EAGLE'S FLIGHT LANE
FT. MYERS FL 33912

10. Name and Address of New Registered Agent

81 Name RANEY, WILLIAM O

82 Street Address (P.O. Box Number is Not Acceptable) 7552 EAGLE'S FLIGHT LANE

83 FORI

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	KIRKSEY, ROBERT		1.2 NAME		
STREET ADDRESS	8750 GLADIOLUS DR, #177		1.3 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL 33908		1.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	STUART, RANDALL		2.2 NAME		
STREET ADDRESS	8750 GLADILOUS DR, #177		2.3 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL 33908		2.4 CITY-ST-ZIP		
TITLE	STD	☒ DELETE	3.1 TITLE	STD	☒ Change ☐ Addition
NAME	RANIERI, SAMUEL J		3.2 NAME	RANEY, WILLIAM O.	
STREET ADDRESS	8750-11 GLADIOLUS DR, #177		3.3 STREET ADDRESS	8750-11 GLADIOLUS DR., #177	
CITY-ST-ZIP	FT MYERS FL		3.4 CITY-ST-ZIP	FT MYERS, FL. 33908	
TITLE	D	☐ DELETE	4.1 TITLE	D	☒ Change ☐ Addition
NAME	CORACE, ART		4.2 NAME	LAMBERT, MARTHA	
STREET ADDRESS	8750 GLADIOLUS DR, #177		4.3 STREET ADDRESS	8750 GLADILOUS DR., #177	
CITY-ST-ZIP	FT MYERS FL		4.4 CITY-ST-ZIP	FT MYERS, FL 33908	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	FREDETTE, LARRY		5.2 NAME		
STREET ADDRESS	8750 GLADIOLUS DR, #177		5.3 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. 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 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED William O. Raney 5/10/99 (941) 768-1061
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)