

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 17, 2000 8:00 am**  
**Secretary of State**

07-17-2000 90082 023 \*\*\*\*61.25

**DOCUMENT # 766790**

1. Entity Name

**EAGLE RIDGE PROPERTY OWNERS' ASSOCIATION, INC.**

Principal Place of Business

8750-11 GLADIOLUS DR  
 STE 177  
 FORT MYERS FL 33908  
 US

Mailing Address

8750-11 GLADIOLUS DR  
 STE 177  
 FORT MYERS FL 33908  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2380226**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**WILLIAM, RANEY**  
**7537 EAGLE'S FLIGHT LANE**  
**FT. MYERS FL 33912**

7. Name and Address of New Registered Agent

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**

**After September 13, 2000 min. will be \$236.25**

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

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>KIRKSEY, ROBERT</b>	
STREET ADDRESS	<b>8750 GLADIOLUS DR, #177</b>	
CITY-ST-ZIP	<b>FT MYERS FL 33908</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>STUART, RANDALL</b>	
STREET ADDRESS	<b>8750 GLADIOLUS DR, #177</b>	
CITY-ST-ZIP	<b>FT MYERS FL 33908</b>	
TITLE	<b>STD</b>	<input type="checkbox"/> Delete
NAME	<b>RANEY, WILLIAM D</b>	
STREET ADDRESS	<b>8750-11 GLADIOLUS DR, #177</b>	
CITY-ST-ZIP	<b>FT MYERS FL</b>	
TITLE	<b>STD</b>	<input type="checkbox"/> Delete
NAME	<b>MARTHA, LAMBERT</b>	
STREET ADDRESS	<b>8750 GLADIOLUS DR, #177</b>	
CITY-ST-ZIP	<b>FT MYERS FL 33908</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>FREDETTE, LARRY</b>	
STREET ADDRESS	<b>8750 GLADIOLUS DR, #177</b>	
CITY-ST-ZIP	<b>FT MYERS FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SHELDON K. TURNER</b>	
STREET ADDRESS	<b>8750 GLADIOLUS DR, #177</b>	
CITY-ST-ZIP	<b>FORT MYERS, FL. 33908</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>GEORGE GIOVANNI</b>	
STREET ADDRESS	<b>8750 GLADIOLUS DR, #177</b>	
CITY-ST-ZIP	<b>FORT MYERS, FL 33908</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILLIAM O. RANEY</b>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GUSTAFSON, CONNIE</b>	
STREET ADDRESS	<b>8750 GLADIOLUS DR, #177</b>	
CITY-ST-ZIP	<b>FORT MYERS, FL 33908</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 another like empowered.

SIGNATURE:

*William O. Raney*  
**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/10/00**  
 Date

**(94) 768-1061**  
 Daytime Phone #

CR2E037 (5/00)