

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90078 016 ****61.25

0097103

DOCUMENT # 766790

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.
15880 SUMMERLIN RD

Suite, Apt. # etc.
15880 SUMMERLIN RD

City & State
FT MYERS, FL

City & State
FT MYERS, FL

4. FEI Number
59-2380226

Applied For
 Not Applicable

Zip
33908 Country
USA

Zip
33908 Country
USA

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DE

7. Name and Address of New Registered Agent

MENDIETA, JORGE P
14896 SOARING EAGLE COURT
FT. MYERS FL 33912

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 *Mendieta*

JAN 23, 2002

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	P	<input type="checkbox"/> Delete
NAME	TURNER, SHELDON K	
STREET ADDRESS	8750 GLADIOLUS DR, #177	
CITY-ST-ZIP	FT MYERS FL 33908	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GIOVANNI, GEORGE	
STREET ADDRESS	8750 GLADIOLUS DR, #177	
CITY-ST-ZIP	FT MYERS FL 33908	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MENDIETA, JORGE P	
STREET ADDRESS	8750-11 GLADIOLUS DR, #177	
CITY-ST-ZIP	FORT MYERS FL 33908	
TITLE	STD	<input type="checkbox"/> Delete
NAME	MARTHA, LAMBERT	
STREET ADDRESS	8750 GLADIOLUS DR, #177	
CITY-ST-ZIP	FT MYERS FL 33908	
TITLE	D	<input type="checkbox"/> Delete
NAME	GUSTAFSON, CONNIE	
STREET ADDRESS	8750 GLADIOLUS DR, #177	
CITY-ST-ZIP	FORT MYERS FL 33908	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 all other like empowered.

SIGNATURE: *Mendieta* /23/02 (941) 561-0004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)