

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90091 038 ****61.25

0004770

DOCUMENT # 767108

1. Entity Name

AMERICA OUTDOORS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

16900 S. TAMiami TRAIL
 FT. MYERS FL 33908

16900 S. TAMiami TRAIL
 FT. MYERS FL 33908

00004913



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

59-2375877

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SPATHELF, DOUGLAS MR
 16900 S. TAMiami TRAIL
 FT. MYERS FL 33908-4509

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	<input type="checkbox"/> Delete
NAME	THOMAS, DORWIN	
STREET ADDRESS	16900 S TAMiami TR B-38	
CITY-ST-ZIP	FT MYERS FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	NOVOTNY, GEORGE	
STREET ADDRESS	16900 STAMiami TR R-51	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	TEMPLETON, JOHN W-50	
STREET ADDRESS	16900 S. TAMiami TRAIL-B-S4	
CITY-ST-ZIP	FT. MYERS FL 33908	
TITLE	P	<input type="checkbox"/> Delete
NAME	MARTIN, CAROLE	
STREET ADDRESS	16900 S. TAMiami TRAIL	
CITY-ST-ZIP	FT. MYERS FL 33908	
TITLE	S	<input type="checkbox"/> Delete
NAME	HAGAN, WILLIAM	
STREET ADDRESS	16900 S. TAMiami TRAIL	
CITY-ST-ZIP	FT. MYERS FL 33908	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHAAFSMA, ROBERT	
STREET ADDRESS	16900 S TAMiami TR W-45	
CITY-ST-ZIP	FT MYERS FL	

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	
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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: *Signature of Robert Schaafsma* **Resident 1-9-01 267-3030**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)