

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 767108

1. Entity Name
AMERICA OUTDOORS CONDOMINIUM ASSOCIATION, INC.

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

01-11-2002 90019 013 ****61.25

0046133

Principal Place of Business Mailing Address
16900 S. TAMiami TRAIL 16900 S. TAMiami TRAIL
FT. MYERS FL 33908 FT. MYERS FL 33908

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 **59-2375877** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
SPATHELF, DOUGLAS MR
16900 S. TAMiami TRAIL
FT. MYERS FL 33908-4509

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

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	
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	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE ALICIA HARRINGTON	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SECRETARY	
STREET ADDRESS B-17	
CITY-ST-ZIP	
TITLE CHARLOTTE REED	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TREASURER	
STREET ADDRESS B-66	
CITY-ST-ZIP	
TITLE DICK BLACKMAN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DIRECTOR	
STREET ADDRESS W-53	
CITY-ST-ZIP	
TITLE JOHN PITINO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DIRECTOR	
STREET ADDRESS B-69	
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]* CAM 1/7/02 267-3030
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (9/01)



DO NOT WRITE IN THIS SPACE