2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2003 8:00 am
Secretary of State
01-08-2003 90035 005 ****61.25

DOCUMENT # 767108

1. Entity Name
AMERICA OUTDOORS CONDOMINIUM ASSOCIATION, INC.

40002740

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

☐ CHECK HERE IF MAKING CHANGES

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	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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	VP ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	THOMAS, DORWIN	NAME	
STREET ADDRESS	16900 S TAMIAMI TR B-38	STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	CITY-ST-ZIP	
TITLE	P ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	NOVOTNY, GEORGE	NAME	
STREET ADDRESS	16900 STAMIAMI TR R-51	STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	CITY-ST-ZIP	
TITLE	S ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	HARRINGTON, ALICIA	NAME	
STREET ADDRESS	16900 S. TAMIAMI TRAIL, B-17	STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL 33908	CITY-ST-ZIP	
TITLE	T ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	REED, CHARLOTTE	NAME	
STREET ADDRESS	16900 S. TAMIAMI TRAIL, B-66	STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL 33908	CITY-ST-ZIP	
TITLE	D ☒ Delete	TITLE	D ☐ Change ☒ Addition
NAME	BLACKMAN, DICK	NAME	JIM MILLER
STREET ADDRESS	16900 S. TAMIAMI TRAIL, W-53	STREET ADDRESS	16900 S. TAMIAMI TR. B-70
CITY-ST-ZIP	FT. MYERS FL 33908	CITY-ST-ZIP	FT. MYERS, FL 33908
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	PITINO, JOHN	NAME	
STREET ADDRESS	16900 S. TAMIAMI TRAIL, B-69	STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL 33908	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 REQUIRED George Novotny 1-6-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)