2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State
02-13-2002 90190 007 ****61.25

DOCUMENT # N00000000693

1. Entity Name

EAGLE RIDGE LAKES II, INC.

Principal Place of Business	Mailing Address
~~4158 LORRAINE AVE.~~ ~~NAPLES FL 34104~~	~~4158 LORRAINE AVE.~~ ~~NAPLES FL 34104~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
GULF COAST MANAGEMENT	GULF COAST MANAGEMENT
Suite, Apt. #, etc. 10060 AMBERWOOD RD #4	Suite, Apt. #, etc. 10060 AMBERWOOD RD #4
City & State FT. MYERS FL	City & State FT MYERS FL
Zip / Country 33913 / LEE	Zip / Country 33913 / LEE

4. FEI Number 65-1043172 ☐ 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
~~SIESKY, JAMES II~~ ~~1000 TAMIAMI TRAIL NORTH~~ ~~SUITE 201~~ ~~NAPLES FL FL~~	Name: HAYDEN, KENNETH W. Street Address (P.O. Box Number is Not Acceptable): C/O GULF COAST MANAGEMENT 10060 AMBERWOOD RD, ST 4 City: FT MYERS FL **FL** Zip Code: 33913

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: Kenneth W. Hayden — 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PDST COOPER, FRANK W 4158 LORRAINE AVE. NAPLES FL 34104	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FISHER, CLAIRE S 13950 EAGLE RIDGE LAKES DR #201 FORT MYERS FL 33912	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FRECHETTE, AMY PRICE 1500 OSPREY AVE. NAPLES FL 34112	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E037 (9/01)

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 Pres. 1/16/02 941 643-5053

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #