

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

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90485 006 \*\*\*\*61.25

0098731

**DOCUMENT # N00000000693**

1. Entity Name

**EAGLE RIDGE LAKES II, INC.**



Principal Place of Business

**GULF COAST MANAGEMENT  
10060 AMBERWOOD RD #4  
FORT MYERS FL 33913**

Mailing Address

**2180 WEST SR 434  
SUITE 5000  
LONGWOOD FL 32779-5044**

2. Principal Place of Business

**2180 W SR 434**

3. Mailing Address

Suite, Apt. #, etc.

**SUITE 5000**

City & State

**LONGWOOD FL**

4. FEI Number **65-1043172**

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

**HART, JAMES W JR  
SENTRY MANAGEMENT INC  
2180 W SR 434 STE 5000  
LONGWOOD FL 32779-5044**

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. 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

|                |                                        |                                            |
|----------------|----------------------------------------|--------------------------------------------|
| TITLE          | <b>PDST</b>                            | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>COOPER, FRANK W</b>                 |                                            |
| STREET ADDRESS | <b>4158 LORRAINE AVE.</b>              |                                            |
| CITY-ST-ZIP    | <b>NAPLES FL 34104</b>                 |                                            |
| TITLE          | <b>D</b>                               | <input type="checkbox"/> Delete            |
| NAME           | <b>FISHER, CLAIRE S</b>                |                                            |
| STREET ADDRESS | <b>13950 EAGLE RIDGE LAKES DR #201</b> |                                            |
| CITY-ST-ZIP    | <b>FORT MYERS FL 33912</b>             |                                            |
| TITLE          | <b>D</b>                               | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>FRECHETTE, AMY PRICE</b>            |                                            |
| STREET ADDRESS | <b>1500 OSPREY AVE.</b>                |                                            |
| CITY-ST-ZIP    | <b>NAPLES FL 34112</b>                 |                                            |
| TITLE          |                                        | <input type="checkbox"/> Delete            |
| NAME           |                                        |                                            |
| STREET ADDRESS |                                        |                                            |
| CITY-ST-ZIP    |                                        |                                            |
| TITLE          |                                        | <input type="checkbox"/> Delete            |
| NAME           |                                        |                                            |
| STREET ADDRESS |                                        |                                            |
| CITY-ST-ZIP    |                                        |                                            |
| TITLE          |                                        | <input type="checkbox"/> Delete            |
| NAME           |                                        |                                            |
| STREET ADDRESS |                                        |                                            |
| CITY-ST-ZIP    |                                        |                                            |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                                         |                                                                              |
|----------------|-----------------------------------------|------------------------------------------------------------------------------|
| TITLE          | <b>PD</b>                               | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>Lackey, Jan</b>                      |                                                                              |
| STREET ADDRESS | <b>13981 Eagle Ridge Lakes Dr. #102</b> |                                                                              |
| CITY-ST-ZIP    | <b>Ft Myers FL 33912</b>                |                                                                              |
| TITLE          | <b>STD</b>                              | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                         |                                                                              |
| STREET ADDRESS |                                         |                                                                              |
| CITY-ST-ZIP    |                                         |                                                                              |
| TITLE          | <b>VD</b>                               | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>De Vito, Gus</b>                     |                                                                              |
| STREET ADDRESS | <b>13971 Eagle Ridge Lakes Dr #101</b>  |                                                                              |
| CITY-ST-ZIP    | <b>Ft Myers FL 33912</b>                |                                                                              |
| TITLE          | <b>TD</b>                               | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>Odell, Gerry</b>                     |                                                                              |
| STREET ADDRESS | <b>13990 Eagle Ridge Lakes Dr #202</b>  |                                                                              |
| CITY-ST-ZIP    | <b>Ft Myers FL 33912</b>                |                                                                              |
| TITLE          | <b>D</b>                                | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>Rubenstein, Barbara</b>              |                                                                              |
| STREET ADDRESS | <b>13951 Eagle Ridge Lakes Dr #203</b>  |                                                                              |
| CITY-ST-ZIP    | <b>Ft Myers FL 33912</b>                |                                                                              |
| 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:**

*Jan Lackey*  
**Jan Lackey 3/12/03 239-277-0112**

CR2E037 (10/02)