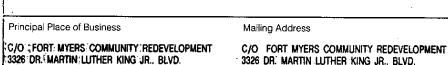
2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N0000005511 HOPE GARDENS OWNERS' ASSOCIATION, INC.

FORT. MYERS FL 33916

FILED Feb 20, 2002 8:00 am Secretary of State

02-20-2002 90060 042 ****61.25



3326 DR: MARTIN LUTHER KING JR., BLVD. FORT MYERS, FL 33916

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2. Principal Place of Business			3. Mailing Address										
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE						
City & State			City & State				4. FEI Number NOT APPLICABLE Applied For Not Applicable						
Zip	Zip Country			Zip Co		untry 5		Status Desire	d 🗌	\$8.75 Add	ditional	7	
<u>'</u>	6. Name	and Address of Current I	l Registered Agent				7. Name and A	ddress of Ne	w Registered	•		4	
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		THER KING, JR. BLVD.			Parent.							7	
FURI MY	ERS FL 339	16			City	gers.			Zin Cod	lo d	4		
					FOR	IM	UELS		FI	- カラ	9/6		
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.													
5	The state of the s												
SIGNATURE	Signature, types	or printed name of registered agent a		Cousley I	istered Agent signal	ure required:	when reinstation)		1,22,20 DATE	02		-	
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FILE NOW: FEE /S \$61.25				9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees		Make Check Payable to Department of State				
			, , ,	oot i una comi	Dation.		Added to Fees		реракти	ent of State	3		
10.		OFFICERS AND DIR	ECTORS		11.	A	DDITIONS/CHAN	GES TO OFF	CERS AND D	IBECTORS/N	I 10	4	
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NAME STREET ADDRESS	DOOLEY, I 258 Main				NAME	Doc	CEA BOW	INIEL	mano K	in Ta	BUD		
CITY-ST-ZIP		RS FL 33905			STREET ADDRESS CITY-ST-ZIP			_		area area	, 000		
TITLE	SD	NO FL 33303				Per	er Myers	5, FC	33914			4	
NAME	RITCHIE, R	ITA M	, Цп		TITLE NAME			•		☐ Change	Addition	1	
STREET ADDRESS		E MILL POND COURT			STREET ADDRESS						•	Ι.	
CITY-ST-ZIP		RS FL 33908	•		CITY-ST-ZIP							1	
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NAME	WILLIAMS,	MARY	ں ت		NAME				•	☐ Change	Addition		
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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 vistee 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 a paddress, with the proposer of the corporation of the corporation of the corporation of the corporation or the receiver or vistee empowered.

SIGNATURE

/22/2002

941-337-4111