2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State
02-20-2002 90060 042 ****61.25

DOCUMENT # N00000005511

1. Entity Name

HOPE GARDENS OWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O FORT MYERS COMMUNITY REDEVELOPMENT 3326 DR. MARTIN LUTHER KING JR., BLVD. FORT MYERS FL 33916	C/O FORT MYERS COMMUNITY REDEVELOPMENT 3326 DR. MARTIN LUTHER KING JR., BLVD. FORT MYERS, FL 33916

DO NOT WRITE IN THIS SPACE

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 NOT APPLICABLE ☐ 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
SNEE, STEPHEN C 3326 DR. MARTIN LUTHER KING, JR. BLVD. FORT MYERS FL 33916	Name: ERICKA B. Cousley Street Address (P.O. Box Number is Not Acceptable): 3326 DR. MARTIN LUTHER KING, JR. BLVD ~~FORT MYERS~~ City: FORT MYERS FL Zip Code: 33916

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: Ericka B. Cousley PD 1.22.2002
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 Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ADAMS, HARRY G 3326 DR. MARTIN LUTHER KING, JR., BLVD. FORT MYERS FL 33916	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Executive Director Harry G. Adams 3326 Martin Luther King Blvd. Fort Myers, FL. 33916 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SNEE, STEPHEN C 3326 DR. MARTIN LUTHER KING, JR., BLVD. FORT MYERS FL 33916	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD COUSLEY, ERICKA B. 3326 DR. MARTIN LUTHER KING, JR. BLVD. FORT MYERS, FL 33916 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD DOOLEY, BONNIE L 258 MAIN STREET FORT MYERS FL 33905	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD DOOLEY, BONNIE L 3326 DR. MARTIN LUTHER KING JR. BLVD Fort Myers, FL 33916 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD RITCHIE, RITA M 14718 OLDE MILL POND COURT FORT MYERS FL 33908	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILLIAMS, MARY 3501 DALE STREET #C-13 FORT MYERS FL 33916	☐ 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

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] Harry G. Adams 1/22/2002 941-337-4111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #