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

DOCUMENT # N0000005511

1. Entity Name

HOPE GARDENS OWNERS' ASSOCIATION, INC.



Principal Place of Business

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

2. Principal Place of Business 1700 Medical LN 3. Mailing Address				1 100/101 01 100/1 00/1 00/1 00/1 00/1			
	Suite, Apt. #, etc. Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & State FORT MYERS, FL City & State				4. FEI Number NOT APPLICABLE Applied For Not Applicable			
	3900 Lee Zip		Country	5. Certificate of Status Desired S8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
3326 DR.	y, ericka b Martin Luther King, Jr. Blvd (ers Fl 33916	Street Address (P.O. Box Number is Not Acceptable) 1700 Medica Lane City Fort Myers FL Zin Code 903					
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-martle of generated agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating) ATE							
FILE NOW: FEE IS \$61.25 9. Election Camp Trust Fund Cor				\$5.00 May Be Added to Fees Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		RECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EXD ADAMS, HARRY G 3326 DR. MARTIN LUTHER KING, FORT MYERS FL 33916	☐ Delete JR., BLVD.		1700 MEDICAL FORT MYERS,		Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Delete COUSLEY, ERICKA B 3326 DR. MARTIN LUTHER KING, JR., BLVD. FORT MYERS FL 33916		TITLE NAME STREET ADDRESS CITY-ST-ZIP	1700 MEDICA FORT MYERS		∑ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DOOLEY, BONNIE L 3326 DR MARTIN LUTHER KING FORT MYERS FL 33916		TITLE NAME STREET ADDRESS CITY-ST-ZIP	1700 Medican	. LANE	Change	Addition
TITLE NAME STREET ADDRESS	SD RITCHIE, RITA M 14718 OLDE MILL POND COURT	☐ Delete	TITLE NAME STREET ADDRESS		•	Change	Addition

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.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

MAME

TITLE

NAME

FORT MYERS FL 33908

3501 DALE STREET #C-13

FORT MYERS FL 33916

WILLIAMS, MARY

☐ Delete

Delete

2393374111 1/14/03

Change

☐ Change

☐ Addition

Addition

FILED

Secretary of State

01-27-2003 90181 046 ****61.25

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Jan 27, 2003 8:00 am

CR2E037 (10/02)