

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

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90162 029 ****61.25

0102704

DOCUMENT # N01050

1. Entity Name

EVERGLADES CITY CLUB LODGE & VILLAS II CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

**211-221 SOUTH BUCKNER AVE
EVERGLADES CITY FL 34139
US**

Mailing Address

**4010 WILSON AVENUE
EVERGLADES CITY FL 34139**

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 **65-0079825**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KUZMICK, KEN
1001 BLACKWOOD STREET
ALTAMONTE SPRINGS FL 32701**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	FEATHERS, MEL	
STREET ADDRESS	4010 WILSON AVENUE	
CITY-ST-ZIP	SEBRING FL 33872	
TITLE	D	<input type="checkbox"/> Delete
NAME	PAGE, HERB	
STREET ADDRESS	3912 EATON DR	
CITY-ST-ZIP	ROCKFORD IL 61114	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CHOBOT, KERRIE	
STREET ADDRESS	221 SOUTH BUCKNER #811	
CITY-ST-ZIP	EVERGLADES CITY FL 34139	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KUZMICK, KEN	
STREET ADDRESS	1001 BLACKWOOD STREET	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	
TITLE	PD	<input type="checkbox"/> Delete
NAME	KAUFFMAN, JACK	
STREET ADDRESS	211 SOUTH BUCKNER AVE., UNIT 824	
CITY-ST-ZIP	EVERGLADES CITY FL 34139	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Treasurer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mel Feathers	
STREET ADDRESS	206 W. Lake Dr. Blvd	
CITY-ST-ZIP	Sebring, FL 33875	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 another like empowered.

SIGNATURE: *Mel Feathers* **Treasurer** **4/21/03** **863-305-4978**

CR2E037 (10/02)