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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N13915

1. Corporation Name

THE ASHLAND AT LAKERIDGE II CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

% CAROLYN WALTERS 7109 LAKERIDGE COURT S.W. FT. MYERS FL 33907

Mailing Address

% CAROLYN WALTERS 7109 LAKERIDGE COURT S.W. FT. MYERS FL 33907



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country 29 30

3. Date Incorporated or Qualified

03/19/1986

4. FEI Number

59-28-14027

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

WALTERS, CAROLYN 7109 LAKERIDGE COURT S.W. FT. MYERS FL 33907

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE STD NAME SHEHAN, FAYE STREET ADDRESS 7129 LAKERIDGE VIEW CT, #202 CITY-ST-ZIP FT. MYERS FL

TITLE PD NAME HOBBS, COLUMBUS STREET ADDRESS 7129 LAKERIDGE VIEW CT, #104 CITY-ST-ZIP FT. MYERS FL

TITLE VD NAME STEENBERGEN, BOB STREET ADDRESS 7129 LAKERIDGE VIEW CT, #204 CITY-ST-ZIP FT. MYERS FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE STD 1.2 NAME C. GORDON EMERSON 1.3 STREET ADDRESS 7129 LAKERIDGE VIEW CT #103 1.4 CITY-ST-ZIP FT. MYERS, FL

2.1 TITLE PD 2.2 NAME ROBERT STEENBERGEN 2.3 STREET ADDRESS 7129 LAKERIDGE VIEW CT #201 2.4 CITY-ST-ZIP FT. MYERS, FL

3.1 TITLE VD 3.2 NAME MAUREEN SWITT 3.3 STREET ADDRESS 7129 LAKERIDGE VIEW CT #101 3.4 CITY-ST-ZIP FT. MYERS, FL

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-23-99 Date Daytime Phone #

CR2E037 (1/198)