

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 20, 2000 8:00 am**  
**Secretary of State**

03-20-2000 90092 034 \*\*\*\*61.25

**DOCUMENT # N13915**

1. Entity Name

**THE ASHLAND AT LAKERIDGE II CONDOMINIUM ASSOCIAT**

Principal Place of Business

Mailing Address

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

**% CAROLYN WALTERS  
 7109 LAKERIDGE COURT S.W.  
 FT. MYERS FL 33907-8602**

00040111



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2814027**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

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.

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  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **STD**  
 NAME: **EMERSON, GORDON C**  
 STREET ADDRESS: **7129 LAKERIDGE VIEW CT #103**  
 CITY-ST-ZIP: **FT MYERS FL**

Delete

TITLE: \_\_\_\_\_  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

Change  Addition

TITLE: **PD**  
 NAME: **TEENBERGEN, ROBERT**  
 STREET ADDRESS: **7129 LAKERIDGE VIEW CT #201**  
 CITY-ST-ZIP: **FT MYERS FL**

Delete

*Misspelled*

TITLE: \_\_\_\_\_  
 NAME: **STEEN BERGEN**  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

Change  Addition

TITLE: **VD**  
 NAME: **SCOTT MAUREEN**  
 STREET ADDRESS: **7129 LAKERIDGE VIEW CT #101**  
 CITY-ST-ZIP: **FT MYERS FL**

Delete

TITLE: \_\_\_\_\_  
 NAME: **SMITT, MAUREEN**  
 STREET ADDRESS: **7129 LAKERIDGE VIEW CT #101**  
 CITY-ST-ZIP: **FT MYERS, FL 33907**

Change  Addition

TITLE: \_\_\_\_\_  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

Delete

TITLE: \_\_\_\_\_  
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Change  Addition

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Change  Addition

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Delete

TITLE: \_\_\_\_\_  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

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.

**SIGNATURE:**

*[Signature]* **REQUIRED C. G. EMERSON 2-29-00**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)