

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-07-2002 90359 011 ****61.25

DOCUMENT # N13915

1. Entity Name

THE ASHLAND AT LAKERIDGE II CONDOMINIUM ASSOCIATION, INC.

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

2. Principal Place of Business

3. Mailing Address

Henke Property Mgmt.

Henke Property Mgmt.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PO Box 07038

PO Box 07038

City & State

City & State

Zip

Country

Zip

Country

33919

33919

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 *Carol J Henke*

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

Henke Property Management, Inc.

6213-A Presidential Court

City

Fort Myers

FL

Zip Code

33919

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

Carol J Henke

5/17/02

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	STD EMERSON, GORDON C 7129 LAKERIDGE VIEW CT #103 FT MYERS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STEENBERGEN, ROBERT 7129 LAKERIDGE VIEW CT #201 FT MYERS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BAXTER, CHARLES 7129 LAKERIDGE VIEW CT #201 FORT MYERS FL 33907	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Charles J. Baxter
 CHARLES J. BAXTER

4/11/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)



DO NOT WRITE IN THIS SPACE