

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

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90442 047 ****61.25

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DOCUMENT # N13915

1. Entity Name
THE ASHLAND AT LAKERIDGE II CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**HENKE PROPERTY MANAGEMENT
PO BOX 07038
FORT MYERS FL 33919**

Mailing Address
**HENKE PROPERTY MANAGEMENT
PO BOX 07038
FORT MYERS FL 33919**

2. Principal Place of Business
**CAPITAL PROPERTIES GROUP, INC.
3364 CLEVELAND AVENUE
FT. MYERS, FL 33901**

3. Mailing Address
**CAPITAL PROPERTIES GROUP, INC.
3364 CLEVELAND AVENUE
FT. MYERS, FL 33901**



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2814027** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**HENKE, CAROL J
HENKE PROPERTY MANAGEMENT INC.
6213-A PRESIDENTIAL COURT
FORT MYERS FL 33919**

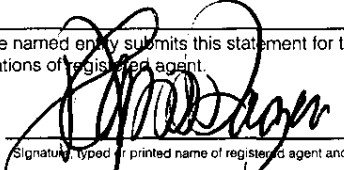
7. Name and Address of New Registered Agent

Name: **KENNETH D. RAGER**

Street: **CAPITAL PROPERTIES GROUP, INC.
3364 CLEVELAND AVENUE
FT. MYERS, FL 33901**

City: _____ 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:  **KENNETH D. RAGER** DATE: **4/8/03**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BORDON EMERSON 7129 LAKERIDGE VIEW #103 FT. MYERS, FL 33908	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CAROLINE BOSSE 7129 LAKERIDGE VIEW #201 FT. MYERS, FL 33908	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CHARLES BAXTER 7129 LAKERIDGE VIEW #201 FT. MYERS, FL 33908	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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 reports 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 BAXTER**

CR2E037 (10/02)