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NONPROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N27002** **(7)**

1. Corporation Name

SOUTHSHORE AT FOUNTAIN LAKES NEIGHBORHOOD ASSOCI ATION, INC.

Principal Place of Business	Mailing Address
22700 TAMIAMI TRAIL ESTERO FL 33928	525 SOUTH EIGHTH ST. MINNEAPOLIS MN 55404

3. Date Incorporated or Qualified: **06/17/1988**

3a. Date of Last Report: **02/06/1995**

2. Principal Place of Business — 21

Suite, Apt. #, etc. — 22

City & State — 23

Zip — 24 Country — 25

2a. Mailing Address — 26

Suite, Apt. #, etc. — 27

City & State — 28

Zip — 29 Country — 30

4. FEI Number: **65-0126045** ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

DEBOEST, RICHARD D.
1415 HENDRY STREET
FORT MYERS FL 33901

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ENGELSMA, DANIEL W. 523 SOUTH EIGHTH STREET MINNEAPOLIS MN	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PD Engelsma, Daniel W. 4220 W. Old Shakopee Road, Ste 200 Bloomington, MN 55437 — XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD SUNDIN, GORDON JR 22700 SOUTH TAMIAMI TR. ESTERO FL	XXX ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	STD Dahlberg, Burton F. 4220 W. Old Shakopee Road, Ste 200 Bloomington, MN 55437 — ☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V MACKIN, EDWARD 22745 CAROLINE DR. ESTERO FL	XX ☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	VU Carl Abbattista 22723 Fountain Lakes Boulevard Estero, FL 33928 — ☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOHNSON, SHERYL L 22771 FOUNTAIN LAKES BLVD. ESTERO FL 33928	XX ☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: _____ 1/26/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #