2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N27002

1. Entity Name

SOUTHSHORE AT FOUNTAIN LAKES NEIGHBORHOOD ASSOCI

FILED
Apr 04, 2000 8:00 am
Secretary of State
04-04-2000 90086 014 ****61.25

Principal Place of Business	Mailing Address
22700 TAMIAMI TRAIL ESTERO FL 33928	22201 FOUNTAIN LAKES BLVD STE 1 ESTERO FL 33928-2321

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0126045 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ENGELSMA, DANIEL W. 4220 W. OLD SHAKOPEE ROAD STE 200 BLOOMINGTON MN	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 4210 W. Old Shakopee Road 55437
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD DAHLBERG, BURTON F. 4220 W OLD SHAKOPEE ROAD STE 200 BLOOMINGTON MN	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 4210 W. Old Shakopee Road 55437
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD NEWELL, SHARON 22739 CAROLINE WAY ESTERO FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E037 (9/99)

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: Daniel Engelsma 03/28/00 952-881-8166
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #