

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 25, 2002 8:00 am
Secretary of State

06-25-2002 90448 007 ****61.25

DOCUMENT # N27002

1. Entity Name

SOUTHSHORE AT FOUNTAIN LAKES NEIGHBORHOOD ASSOCIATION, INC.

Principal Place of Business

**22700 TAMiami TRAIL
 ESTERO FL 33928**

Mailing Address

**P.O BOX 870
 ESTERO FL 33928-0870**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0126045**

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

**ANDERS, PAULETTE
 17230 S. TAMiami TRAIL
 #6
 FORT MYERS FL 33908**

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 **TD** ☒ Delete
 NAME **NEWELL, SHARON**
 STREET ADDRESS **22739 CAROLINE WAY**
 CITY-ST-ZIP **ESTERO FL 33928**

TITLE **TD** ☐ Change ☒ Addition
 NAME **SANDRA STENCE**
 STREET ADDRESS **22777 FOUNTAIN LAKES BLVD**
 CITY-ST-ZIP **ESTERO FL 33928**

TITLE **PD** ☒ Delete
 NAME **OKLAPEK, ROBERT**
 STREET ADDRESS **22798 FOUNTAINLAKES BLVD**
 CITY-ST-ZIP **ESTERO FL 33928**

TITLE **PD** ☐ Change ☒ Addition
 NAME **EUGENE STENCE**
 STREET ADDRESS **22777 FOUNTAIN LAKES BLVD**
 CITY-ST-ZIP **ESTERO FL 33928**

TITLE **VD** ☐ Delete
 NAME **DUDEK, JAMES**
 STREET ADDRESS **22733 FOUNTAINLAKES BLVD.**
 CITY-ST-ZIP **ESTERO FL 33928**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)