

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 27, 2004 8:00 am
Secretary of State

08-27-2004 90008 033 ****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 Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0126045	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ANDERS, PAULETTE 3891 MARY ANN WAY ESTERO, FL 33928			7. Name and Address of New Registered Agent Name ROBERT FULTON Street Address (P.O. Box Number is Not Acceptable) 22805 Caroline Dr. City Estero FL Zip Code 33928		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by September 8, 2004		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HOROSZEWSKI, KATHLEEN 22798 CAROLINE DRIVE ESTERO, FL 33928	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD STENCE, SANDRA 22777 FOUNTAIN LAKES BLVD ESTERO, FL 33928	☒ Delete		TD Robert Fulton 22805 Caroline Dr Estero, FL 33928	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STENCE, EUGENE 22777 FOUNTAIN LAKES BLVD ESTERO, FL 33928	☒ Delete		PD Robert Fulton 22805 Caroline Dr. Estero, FL 33928	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: <u>Robert Fulton</u> Robert Fulton <u>8/23/04</u> <u>(239) 948-9175</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					