

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

FILED
Aug 15, 2003 8:00 am
Secretary of State

08-15-2003 90086 041 ****61.25

001420

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

Zip

Country

Zip

Country

4. FEI Number **65-0126045**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

PAULETTE ANDERS

Street Address (P.O. Box Number is Not Acceptable)

3891 MARY ANN WAY

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 *Paulette Anders*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

8-11-03

DATE

**FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25**

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VD** ☐ Change ☒ Addition
NAME **KATHLEEN HODOSZEWSKI**
STREET ADDRESS **23798 CAROLINE DRIVE**
CITY-ST-ZIP **ESTERO FL 33928**

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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: *Eugene Stence*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-11-03 239-390-1661

Date Daytime Phone #

CR2E037 (4/03)