

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 23 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N93000002935 (5)**  
1. Corporation Name  
**VILLAGES ON COURT SIDE LAKE II AT BRECKENRIDGE C ONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business <b>C/O MARQUIS MANAGEMENT INC 12661 NEW BRITTANY BLVD FT MYERS FL 33907 US</b>	Mailing Address <b>C/O MARQUIS MANAGEMENT INC 12661 NEW BRITTANY BLVD FT MYERS FL 33907 US</b>
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3. Date Incorporated or Qualified <b>06/25/1993</b>	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number <b>65-0429982</b>	Applied For <input type="checkbox"/> Not Applicable

**c/o Marquis Management, Inc.  
9400 Gladiolus Drive #100  
Fort Myers, Fl. 33908 US**

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9400 Gladiolus Drive #100  
Fort Myers, Fl. 33908 US**

Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

24 [ ] 25 [ ] 29 [ ] 30 [ ]

**9. Name and Address of Current Registered Agent**

**STILPHEN, PETER  
MARQUIS MANAGEMENT INC  
12661 NEW BRITTANY BLVD  
FORT MYERS FL 33907**

**10. Name and Address of New Registered Agent**

**81 Stilphen, Peter  
82 Marquis Management, Inc.  
83 9400 Gladiolus Drive #100  
84 Fort Myers, FL 33908 US  
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	<b>DP HUNT, FRED</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>4121-301 LORENE DR</b>	1.2 NAME	
STREET ADDRESS	<b>ESTERO FL</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	<b>DVP KILPATRICK, ALAN</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>4110-104 LORENE DR</b>	2.2 NAME	
STREET ADDRESS	<b>ESTERO FL</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<b>DS SCHEELE, KEN</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>4110-100 LORENE DR</b>	3.2 NAME	
STREET ADDRESS	<b>ESTERO FL</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<b>DT FREEDMAN, BARRY</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>4121 LORENE DR #110</b>	4.2 NAME	
STREET ADDRESS	<b>ESTERO FL</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<b>D LEDDUKE, HOWARD</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>4110-110 LORENE DR</b>	5.2 NAME	
STREET ADDRESS	<b>ESTERO FL</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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: *Paul G. Hunt* 3/20/98

CR2E037 (10/97)