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

## DOCUMENT # N95000005152

Entity Name

## SIR MICHAEL'S PLACE HOMEOWNERS ASSOCIATION, INC.



Apr 17, 2003 8:00 am Secretary of State 04-17-2003 90159 022 \*\*\*\*61.25

**FILED** 

STREET ADDRESS CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP											
Suite. Apil 4 etc.   Suite. Apil 4 etc.   Check Here # MAKING CHANGES    City & State   Chry & State   Chry & State    City & State   Chry & State   Chry & State    City & State   Chry & State    City & State   Chry & State    Country   Zip   Country    S. Certificate of Stratus Desired   St. 75 Additional Fee Required    Fee Required    Fee Required    Fee Required    Fee Required    Sepera Additional Fee Required    Fee Requ	26941 LEPORT BONITA SPRIN	STREET	26941 LEPORT STREET BONITA SPRINGS FL 34135 US				) 	181 8401 8010 8010 8010 8010 8014 8014	 	†   <b>  </b>	
City & State    City & State   Country   Country   Country   S. Certificate of Status Desired   S8.75 Additional Fee Properties   See See See See See See See See See Se	2. Principal P	Place of Business									
S. Name and Address of Current Registered Agent  S. Name and Address of Current Registered Agent  S. Name and Address of Current Registered Agent  S. Name and Address of New Registered Agent  Name  GRAY, DONALD E  28941 LEPORT STREET  BONITA SPRINGS FL 34135  City  FL Zip Could  City  FL Zip Could  City  FL Zip Could  City  FL Zip Could  City  FL Name and Address of New Registered Agent  City  FL Zip Could  City  FL Zip Could  City  FL Name Address of Fortida, I am familiar with, and accept the obligations of registered agent.  Signature  Registered agent.  Signature  Registered agent.  Signature  Registered agent.  Signature  Registered agent.  Name  Registered Agent.  Name  Signature  Registered Agent.  Name  Registe	Suite, Apt.	#, etc.	Suite, Apt. #, etc.					- CHECK HERE IF MAKING CHANGES			
Country   Zip   Country   Zip   Country   S. Certificate of Status Desired   \$8.75 Additional   \$8.75 Addi	City & Stat	е	•			4. FEI Number 36-4		6-4108212			
Name   Street Address   Part	Zip	Country			Coun	try					
GRAY, DONALD E 28941 LEPORT STREET BONITA SPRINGS FL 34135  City FL Zip Code  City F		6. Name and Address of Current	Registere	red Agent			7. Name and Address of New Registered Agent				1
S. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the cologations of registered agent.  SignATURE  Signature, typed or prived name of registered agent and tale if applicable.  (NOTE Registered Agent dignature registered agent, or both, in the State of Florida. I am familiar with, and accept the cologations of registered agent and tale if applicable.  (NOTE Registered Agent dignature registered agent, or both, in the State of Florida. I am familiar with, and accept the cologations of registered agent, or both, in the State of Florida. I am familiar with, and accept the cologations of registered agent, or both, in the State of Florida. I am familiar with, and accept the cologations of registered agent, or both, in the State of Florida. I am familiar with, and accept the cologations of registered agent, or both, in the State of Florida. I am familiar with, and accept the cologations of registered agent, or both, in the State of Florida. I am familiar with, and accept the cologations of registered agent, or both, in the State of Florida. I am familiar with, and accept the cologations of registered agent, or both, in the State of Florida. I am familiar with, and accept the cologation of the cologa	26941 LE	PORT STREET	<del>-</del>				s (P.O. Box Number is N	Not Acceptable)			 
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 scoept the obligations of registered agent.  SIGNATURE  Signature, spead or prieted name of registered agent and table it applicable.  PRILE NOW: FEE IS \$61.25  9. Election Campaign Financing						City		FI	Zip Cod	le	1
Trust Fund Contribution. Added to Fees Florida Department of State  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TITLE PSTD	the obligat	tions of registered agent.					,		amiliar with,	and accept	
TITLE GRAY, DONALD E				Trust Fund Contribution.			Added to Fees	Florida Department of State			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	NAME -ST <del>reet address</del> -	HALL, C.L. 26941-LEPORT-STREET		☐ Delete	NAME Street				☐ Change	Addition	-
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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:

PSHALLONG RAY

grald E. Droux

239-495-3800