

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90161 050 ****61.25

DOCUMENT # N98000001201

1. Entity Name

FERRACE II AT LAKESIDE GREENS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

~~10050 AMBERWOOD RD
 FORT MYERS FL 33912~~

~~10050 AMBERWOOD RD
 FORT MYERS FL 33912~~

2. Principal Place of Business

**12734 Kenwood Lane
 Suite 49**

3. Mailing Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ft. Myers, FL

City & State

4. FEI Number

65-0825022

Applied For

Not Applicable

Zip

Country

Zip

Country

~~33907~~

~~USA~~

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

**HAYDEN, KEN
 GULF COAST MANAGEMENT SERVICES, INC.
 6060 AMBERWOOD ROAD, SUITE 4
 FORT MYERS FL 33913**

Name **Tropical Isles Management**
 Street Address (P.O. Box Number is Not Acceptable)

**12734 Kenwood Lane Suite 49
 Ft. Myers FL Zip Code 33907**

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]

Don Redding CAM

4/22/02

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	DP	<input type="checkbox"/> Delete
NAME	BIGGS, GEORGE	
STREET ADDRESS	8096 QUEEN PALM LN., #213	
CITY-ST-ZIP	FORT MYERS FL 33912	
TITLE	DV	<input type="checkbox"/> Delete
NAME	RIESTER, NORMAN	
STREET ADDRESS	8096 QUEEN PALM LN., #226	
CITY-ST-ZIP	FORT MYERS FL 33912	
TITLE	DST	<input type="checkbox"/> Delete
NAME	MARTIN, BARBARA	
STREET ADDRESS	8096 QUEEN PALM LN., #225	
CITY-ST-ZIP	FORT MYERS FL 33912	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

George Biggs Pres.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Home Phone #

4/15/02
 411 328 8411

CR2E037 (9/01)