

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90048 038 ****61.25

DOCUMENT # N98000001203

1. Entity Name

ERANDA I AT FAIRWAY ISLE ASSOCIATION, INC.

Principal Place of Business

Mailing Address

10060 AMBERWOOD ROAD

10060 AMBERWOOD ROAD

4
 FORT MYERS FL 33913

4
 FORT MYERS FL 33913

2. Principal Place of Business

3. Mailing Address

C/O School Management, Inc.

C/O School Management, Inc.

9411 Cypress Lake Dr, #2

9411 Cypress Lake Dr, #2

Fort Myers, Florida

Fort Myers, Florida

33919 USA

33919 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0825019** Applied For Not Applicable

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

KAYDEN, KEN
 C/O GULF COAST MANAGEMENT SERVICES
 FORT MYERS FL 33913

Name **Bryan Cruz**
 Street Address (P.O. Box Number is Not Acceptable) **C/O School Management, Inc.**
9411 Cypress Lake Drive, Suite 2
 City **Fort Myers** FL Zip Code **33919**

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]* **Bryan Cruz, CAM** DATE **4/25/02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 checked="" type="checkbox"/> Delete
NAME	KELLEY, BILL	
STREET ADDRESS	8091 QUEEN PALM LANE	
CITY-ST-ZIP	FORT MYERS FL 33912	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	KOVACH, LAWRENCE	
STREET ADDRESS	8099 QUEEN PALM LANE #226	
CITY-ST-ZIP	FORT MYERS FL 33912	
TITLE	STD	<input type="checkbox"/> Delete
NAME	SMALL, ALBERT	
STREET ADDRESS	8107 QUEEN PALM LANE #121	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Piazza, Robert	
STREET ADDRESS	8099 Queen Palm Lane #213	
CITY-ST-ZIP	Fort Myers, FL 33912	
TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kovach, Lawrence	
STREET ADDRESS	8099 Queen Palm Lane, 226	
CITY-ST-ZIP	Fort Myers, FL 33912	
TITLE	S/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Small, Delbert	
STREET ADDRESS	8107 Queen Palm Lane #121	
CITY-ST-ZIP	Fort Myers, FL 33912	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: *[Signature]* **Lawrence Kovach** DATE **4/24/2002** DAYTIME PHONE # **481-4700**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)