

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 25, 2000 8:00 am
Secretary of State

07-25-2000 90100 046 ****61.25

DOCUMENT # N99000000782

1. Entity Name
FOREST RIDGE SHORES AT FOUNTAIN LAKES NEIGHBORHO

Principal Place of Business Mailing Address
22700 S. TAMiami TRAIL 22700 S. TAMiami TRAIL
ESTERO FL 33928 ESTERO FL 33928

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 Applied For
36-4278641 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MYLI, MARILYN
22700 S. TAMiami TRAIL
ESTERO FL 33928

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
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
After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing **\$5.00 May Be**
Trust Fund Contribution. **Added to Fees**

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	ENGELSMA, DANIEL W	
STREET ADDRESS	523 S. 8TH ST.	
CITY-ST-ZIP	MINNEAPOLIS MN 55404	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DAHLBERG, BURTON F	
STREET ADDRESS	523 S. 8TH ST.	
CITY-ST-ZIP	MINNEAPOLIS MN 55404	
TITLE	STD	<input type="checkbox"/> Delete
NAME	ENGELSMA, BRUCE W	
STREET ADDRESS	523 S. 8TH ST.	
CITY-ST-ZIP	MINNEAPOLIS MN 55404	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
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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: *Daniel W. Engelsma*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/13/00 952-881-8166

Date Daytime Phone #

CR2E037 (5/00)