

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 10, 2001 8:00 am**  
**Secretary of State**

07-10-2001 90131 050 \*\*\*\*61.25

0013440

**DOCUMENT # N99000000782**

1. Entity Name

**FOREST RIDGE SHORES AT FOUNTAIN LAKES NEIGHBORHO**

*LA*

Principal Place of Business

Mailing Address

22700 S. TAMiami TRAIL  
 ESTERO FL 33928

22700 S. TAMiami TRAIL  
 ESTERO FL 33928

2. Principal Place of Business

3. Mailing Address

22201 Fountain Lakes Blvd  
 Suite, Apt. #, etc.

22201 Fountain Lakes Blvd #1  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

Estero, FL 33928

Estero FL

4. FEI Number **36-4278641**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

Lee

33928

Lee

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

**MYLI, MARILYN**  
 22700 S. TAMiami TRAIL  
 ESTERO FL 33928

Name

Street Address (P.O. Box Number is Not Acceptable)

22201 Fountain Lakes Blvd

Suite 1

City  
 Estero

FL

Zip Code  
 33928

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

*Marilyn Myli*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7/5/01

DATE

**FILE NOW: FEE IS \$61.25**  
**After September 12, 2001, min. will be \$236.25**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Louise Reif 22201 Fountain Lakes Blvd #1 Estero, FL 33928	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

*Louise Reif*  
**SIGNATURE REQUIRED**

July 5, 2001 498-5896

CR2E037 (5/01)