

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

03-07-2002 90033 037 ****61.25

DOCUMENT # N99000000782

1. Entity Name

FOREST RIDGE SHORES AT FOUNTAIN LAKES NEIGHBORHOOD ASSOCIATION, INC.

Principal Place of Business 22201 FOUNTAIN LAKES BLVD. SUITE 1 ESTERO FL 33928	Mailing Address 22201 FOUNTAIN LAKES BLVD. SUITE 1 ESTERO FL 33928
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21918



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number **36-4278641** Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MYLI, MARILYN
222001 FOUNTAIN LAKES BLVD.
SUITE 1
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

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

TITLE PD NAME ENGELSMAN, DANIEL W STREET ADDRESS 523 S. 8TH ST. CITY-ST-ZIP MINNEAPOLIS MN 55404	<input checked="" type="checkbox"/> Delete
TITLE STD NAME ENGELSMAN, BRUCE W STREET ADDRESS 523 S. 8TH ST. CITY-ST-ZIP MINNEAPOLIS MN 55404	<input checked="" type="checkbox"/> Delete
TITLE VD NAME REIF, LOUISE STREET ADDRESS 22201 FOUNTAIN LAKES BLVD. # 1 CITY-ST-ZIP ESTERO FL 33928	<input checked="" 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD NAME Vincent DiCristofalo STREET ADDRESS 22830 Snaptail Ct. CITY-ST-ZIP Estero, FL 33928	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD NAME Robert Scoppettuolo, V.P. STREET ADDRESS 3821 Springside Dr. CITY-ST-ZIP Estero, FL 33928	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD NAME Carol Partlow, Secretary STREET ADDRESS 3771 Springside Dr. CITY-ST-ZIP Estero, FL 33928	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD NAME Robert Scoppettuolo STREET ADDRESS 3821 Springside Dr. CITY-ST-ZIP Estero, FL 33928	<input checked="" 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: Carol Partlow Date: 2/22/02 Daytime Phone #: 941-949-3344

CR2E037 (9/01)