

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 07, 2002 8:00 am**  
**Secretary of State**

05-07-2002 90359 040 \*\*\*\*61.25

**DOCUMENT # N99000000785**

1. Entity Name

**SOUTHWIND OWNERS ASSOCIATION AT FORT MYERS, INC.**

Principal Place of Business

Mailing Address

**1833 HENDRY STREET  
 FORT MYERS FL 33901**

**1833 HENDRY STREET  
 FORT MYERS FL 33901**

2. Principal Place of Business

**Henke Property Mgmt**

3. Mailing Address

**Henke Property Mgmt**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**6213-A Presidential Ct.**

**P.O. Box 07038**

City & State

City & State

**Fort Myers FL**

**Fort Myers FL**

Zip

Country

Zip

Country

**33919**

**33919**

4. FEI Number

**65-1000603**

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

**GRAVINA, PETER J  
 1833 HENDRY STREET  
 FORT MYERS FL 33901**

Name

**Carol J. Henke**

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

**Henke Property Management Inc.**

**6213-A Presidential Court**

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

*Carol J. Henke*

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

(NOTE: Registered Agent signature required when reinstating)

**4-13-2002**

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 **PD** ☐ Delete  
 NAME **MURRAY, RICK D**  
 STREET ADDRESS **15 CHOCTAW CIRCLE**  
 CITY-ST-ZIP **CHANHASSEN MN 55317**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VD** ☐ Delete  
 NAME **WILLIAMS, DAVID A**  
 STREET ADDRESS **1535 BAVARIAN SHORES DRIVE**  
 CITY-ST-ZIP **CHASKA MN 55318**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **STD** ☐ Delete  
 NAME **BAIER, AL**  
 STREET ADDRESS **4135 TRILLIAM LN E**  
 CITY-ST-ZIP **MOUND MN 55364**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ 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 REQUIRED*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/12/02**

Date

Daytime Phone #

CR2E037 (9/01)