

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 03, 2000 8:00 am**  
**Secretary of State**

04-03-2000 90181 023 \*\*\*\*61.25

**DOCUMENT # N99000003911**

1. Entity Name

**GINGER POINTE AT SHADOW WOOD NEIGHBORHOOD ASSOCI**

Principal Place of Business

Mailing Address

12220 TOWNE LAKE DRIVE, SUITE 1  
 FORT MYERS FL 33913

12220 TOWNE LAKE DRIVE, SUITE 1  
 FORT MYERS FL 33913-6021

2. Principal Place of Business

3. Mailing Address

*Southwest Property Management*  
 Suite, Apt. #, etc.  
**1044 Castello Drive, Suite 206**  
 City & State

*Southwest Property Management*  
 Suite, Apt. #, etc.  
**1044 Castello Drive, Suite 206**  
 City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0949579** Applied For  Not Applicable

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

6. Name and Address of Current Registered Agent  
**PEEPLES, C. PERRY**  
**8889 PELICAN BAY BOULEVARD, SUITE 300**  
**NAPLES FL 34108**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD ROSE, TIM</b> <input type="checkbox"/> Delete <b>12220 TOWNE LAKE DRIVE, SUITE 1 FORT MYERS FL 33913</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD SHERMAN, DON</b> <input type="checkbox"/> Delete <b>12220 TOWNE LAKE DRIVE, SUITE 1 FORT MYERS FL 33913</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD HAMMOND, CHRIS</b> <input type="checkbox"/> Delete <b>12220 TOWNE LAKE DRIVE, SUITE 1 FORT MYERS FL 33913</b>
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 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
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: *SIGNATURE REQUIRED* **1/7/00 941-768-3003**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)