

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000002680

Entity Name

SOUTHERN HILLS AT PELICAN SOUND CONDOMINIUM ASSOCIATION, INC.

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90080 017 ****61.25

Principal Place of Business
301 WALDEN CENTER DRIVE STE 300
BONITA SPRINGS FL 34134

Mailing Address
24301 WALDEN CENTER DRIVE STE 300
BONITA SPRINGS FL 34134

Principal Place of Business
24201 Walden Center dr
Suite, Apt. #, etc. 206

3. Mailing Address
24201 Walden Center dr
Suite, Apt. #, etc. 206

City & State
Bonita Springs FL

City & State
Bonita Springs FL

Zip
34134

Country

Zip
34134

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1050505 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
HASTINGS, VIVIAN N
24301 WALDEN CENTER DRIVE STE 300
BONITA SPRINGS FL 34134

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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

0. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD NAME FLINN, MILTON G STREET ADDRESS 24301 WALDEN CENTER DRIVE STE 300 CITY-ST-ZIP BONITA SPRINGS FL 34134	<input type="checkbox"/> Delete	TITLE PD NAME Flinn, Milton STREET ADDRESS 24201 Walden Center dr suite 206 CITY-ST-ZIP Bonita Springs FL 34134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD NAME TRAVIS, DUSTIN STREET ADDRESS 24301 WALDEN CENTER DRIVE STE 300 CITY-ST-ZIP BONITA SPRINGS FL 34134	<input checked="" type="checkbox"/> Delete	TITLE VD NAME LORRE Mon hollen STREET ADDRESS 24201 Walden Center dr, Suite 206 CITY-ST-ZIP Bonita Springs FL 34134	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE STD NAME MULLER, ROBERT STREET ADDRESS 24301 WALDEN CENTER DRIVE STE 300 CITY-ST-ZIP BONITA SPRINGS FL 34134	<input type="checkbox"/> Delete	TITLE STD NAME Muller, Robert STREET ADDRESS 24201 Walden Center dr, Suite 206 CITY-ST-ZIP Bonita Springs FL 34134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

2. 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: MILT FLINN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)