

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2003 8:00 am**  
**Secretary of State**

03-06-2003 90104 027 \*\*\*\*61.25

**DOCUMENT # N24962**

1. Entity Name

**SUNRISE AT FOUNTAIN LAKES NEIGHBORHOOD ASSOCIATION, INC.**



Principal Place of Business

**11595 KELLY DR #206  
FORT MYERS FL 33908  
US**

Mailing Address

**11595 KELLY DR #206  
FORT MYERS FL 33908  
US**

2. Principal Place of Business

**13611-6 McGregor Blvd  
Suite, Apt. #, etc.**

3. Mailing Address

**13611-6 McGregor Blvd  
Suite, Apt. #, etc.**

City & State

**FL Myers FL**

City & State

**FL Myers FL**

Zip Country  
**33919 USA**

Zip Country  
**33915 USA**

4. FEI Number **41-1613208**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**MONARCH ASSOCIATION MANAGEMENT INC  
11555 KELLY ROAD  
#112  
FORT MYERS FL 33908**

7. Name and Address of New Registered Agent

Name

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

**13611-6 McGregor Blvd**

City **FL Myers**

FL

Zip Code **33915**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MILSTEIN, JACQUELINE</b>	
STREET ADDRESS	<b>22681 ISLAND LAKES DRIVE</b>	
CITY-ST-ZIP	<b>ESTERO FL 33928-2340</b>	
TITLE	<b>STD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>LICOPANTIS, JEAN</b>	
STREET ADDRESS	<b>22691 ISLAND LAKES DR</b>	
CITY-ST-ZIP	<b>ESTERO FL 33928-2340</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GOODWIN, HERSCHEL</b>	
STREET ADDRESS	<b>22632 WEST BRIDGE CT</b>	
CITY-ST-ZIP	<b>ESTERO FL 33528</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>GROTH, TERI</b>	
STREET ADDRESS	<b>22674 FOUNTAIN LAKES BLVD</b>	
CITY-ST-ZIP	<b>ESTERO FL 33928-2340</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ZIMBRO, BETTY</b>	
STREET ADDRESS	<b>3910 MARYANN WAY</b>	
CITY-ST-ZIP	<b>ESTERO FL 33928</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>STD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Shirley Ayers</b>	
STREET ADDRESS	<b>3880 Mary Ann Way</b>	
CITY-ST-ZIP	<b>ESTERO, FL 33528</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (10/02)

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**