

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000693

Entity Name: EAGLE RIDGE LAKES II, INC.**Current Principal Place of Business:**C/O SUITOR, MIDDLETON, COX & ASSOC.
15751 SAN CARLOS BLVD. SUITE 8
FORT MYERS, FL 33908**Current Mailing Address:**C/O SUITOR, MIDDLETON, COX & ASSOC.
15751 SAN CARLOS BLVD. SUITE 8
FORT MYERS, FL 33908 US**FEI Number:** 65-1043172**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SUITOR, MIDDLETON, COX & ASSOCIATES
15751 SAN CARLOS BLVD., STE 8
FORT MYERS, FL 33908 US*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:** WILLIAM P COX

04/04/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	HORSTMAN, SUE
Address	13971 EAGLE RIDGE LAKES DR
City-State-Zip:	FORT MYERS FL 33912

Title	SEC/TREAS
Name	BONAVITA, LOUIS
Address	743 SPRINGLAKE DR
City-State-Zip:	MIDDLE ISLAND NY 11953

Title	VP
Name	NICKONOVICH, GEORGE
Address	1085 RIVER ROAD
City-State-Zip:	ST. CLAIR MI 48079

Title	D
Name	CASSADY, CHARLES
Address	C/O SUITOR, MIDDLETON, COX & ASSOC. INC. 15751 SAN CARLOS BLVD. #8
City-State-Zip:	FT. MYERS FL 33908

Title	D
Name	CONSTANTINE, KATHY
Address	14020 EAGLE RIDGE LAKES DR.
City-State-Zip:	FORT MYERS FL 33912

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SUE HORSTMAN

PRESIDENT

04/04/2020

Electronic Signature of Signing Officer/Director Detail

Date