

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 730390

1. Entity Name

LEITNER CREEK MANOR PROPERTY OWNERS ASSOCIATION,

**FILED**  
**Feb 22, 2000 8:00 am**  
**Secretary of State**

02-22-2000 90027 037 \*\*\*\*61.25

Principal Place of Business	Mailing Address
26645 VAGABOND WAY P O BOX 32 BONITA SPRINGS FL 34135 US	26645 VAGABOND WAY P O BOX 32 BONITA SPRINGS FL 34135-5336 US

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	59-1693382	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
SCHLOSSER, MARION F 11207 TORCHFIRE TRAIL BONITA SPRINGS FLORIDA FL 34135

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	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	TD SCHLOSSER, MARION F 11207 TORCHFIRE TRAIL BONITA SPRINGS FL 34135 <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	11207 TORCHFIRE TRAIL	NAME	
ST-ZIP	BONITA SPRINGS FL 34135	STREET ADDRESS	
		CITY-ST-ZIP	
TITLE	SD PFAFF, MARY JANE 11202 WAGON TRAIL SE BONITA SPRGS FL <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	11202 WAGON TRAIL SE	NAME	
ST-ZIP	BONITA SPRGS FL	STREET ADDRESS	
		CITY-ST-ZIP	
TITLE	PD PETREY, HASCAL H 11103 WAGON TRAIL BONITA SPRINGS FL 34135 <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	11103 WAGON TRAIL	NAME	
ST-ZIP	BONITA SPRINGS FL 34135	STREET ADDRESS	
		CITY-ST-ZIP	
TITLE	VD WEYANT, GLENN 26647 STARDUST DRIVE BONITA SPRGS FL 34135 <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	26647 STARDUST DRIVE	NAME	
ST-ZIP	BONITA SPRGS FL 34135	STREET ADDRESS	
		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		NAME	
ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		NAME	
ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	

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: <i>[Signature]</i>	2-16-00	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		

CR2E037 (9/99)