

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 730390

1. Entity Name

LEITNER CREEK MANOR PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

26645 VAGABOND WAY
BONITA SPRINGS FL 34135
US

Mailing Address

P.O. BOX 32
BONITA SPRINGS FL 34133

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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 GRACE C. SPARKS
Street Address (P.O. Box Number is Not Acceptable)
11111 WAGON TRAIL
City BONITA SPRINGS FL Zip Code 34135

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

Grace C. Sparks

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-22-02

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	TD SCHLOSSER, MARION F 11207 TORCHFIRE TRAIL BONITA SPRINGS FL 34135	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PFAFF, MARY-JANE 11202 WAGON TRAIL SE BONITA SPRGS FL 34135	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SPARKS, AL 11111 WAGON TRAIL BONITA SPRINGS FL 34135	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EDWARDS, RONALD 11122 WAGON TRAIL BONITA SPRGS FL 34135	<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	GRACE C. SPARKS 11111 WAGON TRAIL BONITA Spg. FL 34135	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DORTHY BAACON 11102 TORCHFIRE BONITA Spg. FL 34135	<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:

Grace C. Sparks

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-22-02

Daytime Phone #

941-947-3419

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90130 003 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1693382

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

CR2E037 (9/01)