

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 744548

1. Entity Name

HENDRY CREEK HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

15666 LIGHTBLUE CIRCLE
FORT MYERS FL 33908

C/O PEPITONE REALTY
4210 METRO PKWY MGMT BUILDING
FT. MYERS FL 33916
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Pepitone Realty Mgmt. Svcs. Corp.
13451 McGregor Blvd., Suite 32
Fort Myers, FL 33919

City & State

Zip

Country

4. FEI Number

59-2157527

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PEPITONE REALTY MANAGEMENT SERVICES
4210 METRO PKWY
FT. MYERS FL 33916

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
RORRER LARRY
7226 HENDRY CREEK DR
FT. MYERS FL 33908 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
WELLS, FRANCIS
7220 HENDRY CREEK DR
FT. MYERS FL 33908 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
MARK, STREATER
7265 HEAVEN LANE
FORT MYERS FL 33908 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-27-02 239-274-9101

Date

Daytime Phone #

CR2E037 (9/01)

0097135

FILED
Apr 08, 2002 8:00 am
Secretary of State

04-08-2002 90248 017 ****61.25



DO NOT WRITE IN THIS SPACE