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

## Jan 27, 2003 8:00 am **Secretary of State** DOCUMENT # 744548 01-27-2003 90194 003 \*\*\*\*61.25 HENDRY CREEK HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 90010534 C/O PEPITONE REALTY MGMT SVCS. CORP. 15666 LIGHTBLUE CIRCLE FORT MYERS FL 33908 13451 MCGREGOR BLVD SUITE 32 FORT MYERS FL 33919 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 59-2157527 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PEPITONE REALTY MANAGEMENT SERVICES Street Address (P.O. Box Number is Not Acceptable) 13451 MCGREGOR BLVD SUITE 32 FORT MYERS FL 33919 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE DATE Stanature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. **VPD** TITLE ☐ Change ☐ Addition ☐ Delete TITI F RORRER LARRY NAME NAME STREET ADDRESS 7226 HENDRY CREEK DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. MYERS FL 33908 ☐ Addition Change TITLE Delete TITLE WELLS, FRANCIS NAME NAME STREET ADDRESS STREET ADDRESS 7220 HENDRY CREEK DR CITY-ST-ZIP CITY-ST-ZIP FT. MYERS FL 33908 PD\_ ☐ Delete - \_ \_ Change ☐ Addition TITLE TITLE MARK, STREATER NAME NAME STREET ADDRESS STREET ADDRESS 7265 HEAVEN LANE CITY-ST-ZIP CITY-ST-ZIP FORT MYERS FL 33908 Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

CITY-ST-ZIP

CR2E037 (10/02)

FILED