

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 16, 2002 8:00 am**  
**Secretary of State**

07-16-2002 90361 026 \*\*\*\*61.25

**DOCUMENT # N00000008459**

1. Entity Name

**TOWN LAKES HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**1140 LEE BLVD.,  
 LEHIGH ACRES FL 33936**

**P O BOX 1361  
 LEHIGH ACRES FL 33970**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-1065168**

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

**ENGLISH, KATHERINE R  
 1833 HENDRY ST.  
 FT. MYERS FL 33901**

Name **Johann Pfuner**

Street Address (P.O. Box Number is Not Acceptable)

**1140 Lee Blvd.**

**Ste. 101**

City

**Lehigh Acres, FL**

FL

Zip Code

**33970-1361**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002,  
 min. will be \$236.25.**

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	<b>D</b> <b>GASSNER, ANDREAS</b> <b>1140 LEE BLVD., STE. 101-103</b> <b>LEHIGH ACRES FL 33970</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPT</b> <b>PFUNER, JOHANN</b> <b>1140 LEE BLVD., STE. 101-103</b> <b>LEHIGH ACRES FL 33970</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVS</b> <b>PFUNER, HEINZ</b> <b>1140 LEE BLVD., STE. 101-103</b> <b>LEHIGH ACRES FL 33970</b>	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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
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:

**SIGNATURE REQUIRED Johann Pfuner, P**

**7/2/02**

**239-369-838**

CR2E037 (4/02)

0014728