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

## DOCUMENT # N01000008456

1. Entity Name

ST. MORITZ RESIDENTS' ASSOCIATION, INC.



FILED Apr 07, 2003 8:00 am Secretary of State

04-07-2003 90194 043 \*\*\*\*61.25

SUITE 102			Mailing Address C/O INTEGRATED PROP MGMT. 3425 10TH STREET N #201 NAPLES FL 34103						•	
2. Principal Place of Business		3. Mai	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
City & State			City & State				4. FEI Number 03-0398269 Applied For Not Applicable			
Zip Country Z			ip Country				5. Certificate of Status Desired			
Name and Address of Current Registered Agent  WOLPERT, GREG G					7. Name and Address of New Registered Agent Name					
C/O PUL	TE HOME CORPORATION NITA BEACH ROAD, SUITE 102	Street Address			ddress (F	(P.O. Box Number is Not Acceptable)				
* BONITA S	SPRINGS FL 34135	City .					Fl	Zip Co	de	
the obligat	named entity submits this statement fi ions of registered agent.  Signature, typed or printed name of registered agen						ed agent, or both, in	the State of Florida. I am	familiar with	and accept
FILE NOW: FEE IS \$61.25			9. Election Campaign Financing Trust Fund Contribution.				\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DI D WOLPERT, GREG G 9148 BONITA BEACH ROAD, SL BONITA SPRINGS FL 34135		□ Delete			A	DDITIONS/CHANG	ES TO OFFICERS AND D	Change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEEKS, W. MICHAEL 9148 BONITA BEACH ROAD, SL BONITA SPRINGS FL 34135	JITE 102	☐ Delete			- <b>4</b> - 4 - 5 -	entereste en en en en	وسند تا يم من نوستن درد د است	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRIFFITH, R. SCOTT 9148 BONITA BEACH ROAD, SL BONITA SPRINGS FL 34135	JITE 102	☐ Delete		1				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete				_		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		- 1				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete				-		☐ 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:

SCHALLIE SOND TROOT

Director MIKE MEEKS

4/3/0

239-434-7447