

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

03-29-2002 91402 008 ****61.25

DOCUMENT # N21774

1. Entity Name

FOUNTAIN LAKES COMMUNITY ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**22201 FOUNTAIN LAKES BLVD
 SUITE 1
 ESTERO FL 33928
 US**

**22201 FOUNTAIN LAKES BLVD
 SUITE 1
 ESTERO FL 33928
 US**

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

06-1230266

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

**FALK, STEVEN M
 850 PARK SHORE DRIVE
 NAPLES FL 34103**

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 **PD** ☐ Delete
 NAME **WISEN, KEN**
 STREET ADDRESS **3717 STONE WAY**
 CITY-ST-ZIP **ESTERO FL 33928**

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

TITLE **VD** ☐ Delete
 NAME **MCKEEVER, TOM**
 STREET ADDRESS **22160 TALLWOOD - 605**
 CITY-ST-ZIP **ESTERO FL 33928**

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

TITLE **SD** ☒ Delete
 NAME **WALAT, ALICE**
 STREET ADDRESS **22643 ISLAND LAKES DR**
 CITY-ST-ZIP **ESTERO FL 33928**

TITLE ☒ Change ☐ Addition
 NAME **Secretary**
 STREET ADDRESS **Richard Willett**
 CITY-ST-ZIP **3750 Springside Ln.**

TITLE **TD** ☐ Delete
 NAME **PRYAL, DAVE**
 STREET ADDRESS **22367 FOUNTAIN LAKES BLVD**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33328**

TITLE ☐ Change ☐ Addition
 NAME **Estero, FL. 33928**
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **D** ☐ Delete
 NAME **PUTZBACH, JOE**
 STREET ADDRESS **5016 SW 17TH AVE**
 CITY-ST-ZIP **CAPE CORAL FL 33914**

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

TITLE **D** ☒ Delete
 NAME **GROTH, TERRI**
 STREET ADDRESS **22674 FOUNTAIN LAKES BLVD**
 CITY-ST-ZIP **ESTERO FL 33928**

TITLE ☒ Change ☐ Addition
 NAME **Director**
 STREET ADDRESS **Robert Mueller**
 CITY-ST-ZIP **22135 Seashore Cir.**

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:

Ken Wisen
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/02

Date

Daytime Phone #

CR2E037 (9/01)