

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N24904

1. Entity Name

THE GARDEN HOMES AT MOON LAKE ASSOCIATION, INC.

Principal Place of Business

5019 ECLIPSE COURT  
NAPLES FL 34104

Mailing Address

2406 IVY AVE  
FT MYERS FL 33907-4347

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

65-0327627

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

STOTT, ROSANNE  
2406 IVY AVE  
FT MYERS FL 33907

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 VPD ☐ Delete  
NAME KONRATH, WILLIAM  
STREET ADDRESS 1184 JARDIN DR  
CITY-ST-ZIP NAPLES FL 34104

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

TITLE PD ☐ Delete  
NAME MILLER, ERIC C  
STREET ADDRESS C/O 1520 ROYAL PALM SQ BLVD, STE 360  
CITY-ST-ZIP FORT MYERS FL 33919

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

TITLE STD ☒ Delete  
NAME TUCKER, FRANK  
STREET ADDRESS C/O FIRST UNION BANK, 214 N HOGAN ST  
CITY-ST-ZIP JACKSONVILLE FL 32202

TITLE ☒ Change ☒ Addition  
NAME STD  
STREET ADDRESS PETER SPEARS  
CITY-ST-ZIP 5027 ECLIPSE CT  
NAPLES FL 34104

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME D  
STREET ADDRESS LEE TURNER  
CITY-ST-ZIP 4627 ARNOLD AVE # 2  
NAPLES FL 34104

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME D  
STREET ADDRESS PETER STOCKER  
CITY-ST-ZIP 1140 MOON LAKE DR  
NAPLES FL 34104

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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:

WILLIAM KONRATH VP

Date

Daytime Phone #

4/1/00 305 393 0356

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)