

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90002 035 ****61.25

0045900

DOCUMENT # N24904

1. Entity Name

THE GARDEN HOMES AT MOON LAKE ASSOCIATION, INC.

Principal Place of Business

Mailing Address

210 ECLIPSE COURT
NAPLES FL 34104

2406 IVY AVE
FT MYERS FL 33907

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 CARLTON, ROBERT
STREET ADDRESS 1226 JARVIN DRIVE
CITY-ST-ZIP NAPLES FL 34104

TITLE President ☒ 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 Director ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE STD ☐ Delete
NAME BENZENBERG, WILLIAM
STREET ADDRESS 1076 JARDIN DRIVE
CITY-ST-ZIP NAPLES FL 34104

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

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

TITLE Vice President ☐ Change ☒ Addition
NAME GUS PFARR
STREET ADDRESS 1256 Naples Lake Dr
CITY-ST-ZIP Naples FL 34104

TITLE D ☐ Delete
NAME STOCKER, PETER
STREET ADDRESS 1140 MOON LAKE DR
CITY-ST-ZIP NAPLES FL 34104

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Secretary ☐ Change ☒ Addition
NAME Brian McKeown
STREET ADDRESS 1020 Moon Lake Dr
CITY-ST-ZIP Naples FL 34104

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:

Robert J. McKeown
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/02 941 6496062
Date Daytime Phone #

CR2E037 (9/01)