

2001 UNIFORM BUSINESS REPORT (UBR)

2/2

FILED
Apr 10, 2001 8:00 am
Secretary of State

02-26-2001 90496 038 ****61.25

DOCUMENT # N24962

1. Entity Name

SUNRISE AT FOUNTAIN LAKES NEIGHBORHOOD ASSOCIATI

Principal Place of Business

Mailing Address

5800 BONITA BEACH RD
 #2107
 BONITA SPRINGS FL 34134
 US

5800 BONITA BEACH RD
 #2107
 BONITA SPRINGS FL 34134
 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

41-1613208

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

QUEST MANAGEMENT OF SW FLORIDA, INC.
 5800 BONITA BEACH RD
 #2107
 BONITA SPRINGS FL 34134

Name **MONARCH ASSOCIATION MANAGEMENT, INC**
 Street Address (P.O. Box Number is Not Acceptable)
11555 Kelly Rd #112
 City **Fort Myers** FL Zip Code **33908**

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

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	BARTLETT, JANET	
STREET ADDRESS	22716 FOUNTIAN LAKES BLVD	
CITY-ST-ZIP	ESTERO FL 33928	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	LICOPANTIS, JEAN	
STREET ADDRESS	22691 ISLAND LAKES DR	
CITY-ST-ZIP	ESTERO FL 33928-2340	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LICOPANTIS, JEAN	
STREET ADDRESS	22691 ISLAND LAKES DR	
CITY-ST-ZIP	ESTERO FL 33928-2340	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOODWIN, HERSCHEL	
STREET ADDRESS	22632 WEST BRIDGE CT	
CITY-ST-ZIP	ESTERO FL 33528	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GROTH, TERI	
STREET ADDRESS	22874 FOUNTAIN LAKES BLVD	
CITY-ST-ZIP	ESTERO FL 33928-2340	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WALAT, ALICE	
STREET ADDRESS	22643 ISLAND LAKES DR	
CITY-ST-ZIP	ESTERO FL 33928	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACQUELINE	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP. LSTEIN, JACQUELINE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	22661 ISLAND LAKES DR.	
CITY-ST-ZIP	ESTERO, FL 33928	
TITLE	STD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Betty Zimbro	
STREET ADDRESS	3910 Megan Way	
CITY-ST-ZIP	ESTERO, FL 33928	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/30/01

495-3318

CR2E037 (10/00)