

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N24962

1. Entity Name

SUNRISE AT FOUNTAIN LAKES NEIGHBORHOOD ASSOCIATION, INC.

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

11555 Kelly Rd #206
Suite, Apt. #, etc.

3. Mailing Address

11555 Kelly Rd
Suite, Apt. #, etc.
206

City & State

FT Myers FL

City & State

FT Myers FL

Zip

33508

Country

Zip

33508

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

MONARCH ASSOCIATION MANAGEMENT INC
11555 KELLY ROAD
112
FORT MYERS FL 33308

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 NAME STREET ADDRESS CITY-ST-ZIP	D MILSTEIN, JACQUELINE 22661 ISLAND LAKES DRIVE ESTERO FL 33928-2340	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LICOPANTIS, JEAN 22691 ISLAND LAKES DR ESTERO FL 33928-2340	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOODWIN, HERSCHEL 22632 WEST BRIDGE CT. ESTERO FL 33528	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GROTH, TERI 22674 FOUNTAIN LAKES BLVD ESTERO FL 33928-2340	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZIMBRO, BETTY 3910 MARYANN WAY ESTERO FL 33928	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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: Teri Groth President 2/27/02 495-3318
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
Mar 19, 2002 8:00 am
Secretary of State

03-19-2002 90001 031 ****61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (9/01)