

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2003 8:00 am
Secretary of State

03-06-2003 90104 027 ****61.25

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1. Entity Name

SUNRISE AT FOUNTAIN LAKES NEIGHBORHOOD ASSOCIATION, INC.



Principal Place of Business

**11595 KELLY DR #206
FORT MYERS FL 33908
US**

Mailing Address

**11595 KELLY DR #206
FORT MYERS FL 33908
US**

2. Principal Place of Business

**13611-6 McGregor Blvd
Suite, Apt. #, etc.**

3. Mailing Address

**13611-6 McGregor Blvd
Suite, Apt. #, etc.**

City & State

FL Myers FL

City & State

FL Myers FL

Zip

33919

Country

USA

Zip

33915

Country

4. FEI Number **41-1613208**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**MONARCH ASSOCIATION MANAGEMENT INC
11555 KELLY ROAD
#112
FORT MYERS FL 33908**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

13611-6 McGregor Blvd

City

FL Myers

FL

Zip Code

33915

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	☐ Delete
NAME	MILSTEIN, JACQUELINE	
STREET ADDRESS	22681 ISLAND LAKES DRIVE	
CITY-ST-ZIP	ESTERO FL 33928-2340	
TITLE	STD	☒ Delete
NAME	LICOPANTIS, JEAN	
STREET ADDRESS	22691 ISLAND LAKES DR	
CITY-ST-ZIP	ESTERO FL 33928-2340	
TITLE	D	☐ Delete
NAME	GOODWIN, HERSCHEL	
STREET ADDRESS	22632 WEST BRIDGE CT	
CITY-ST-ZIP	ESTERO FL 33528	
TITLE	PD	☐ Delete
NAME	GROTH, TERI	
STREET ADDRESS	22674 FOUNTAIN LAKES BLVD	
CITY-ST-ZIP	ESTERO FL 33928-2340	
TITLE	D	☐ Delete
NAME	ZIMBRO, BETTY	
STREET ADDRESS	3910 MARYANN WAY	
CITY-ST-ZIP	ESTERO FL 33928	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	STD	☐ Change ☒ Addition
NAME	Shirley Lykes	
STREET ADDRESS	3580 Mary Ann Way	
CITY-ST-ZIP	ESTERO, FL 33528	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (10/02)

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