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

**FILED**
**Jun 23, 2003 8:00 am**
**Secretary of State**
04-16-2003 90207 024 ****61.25

DOCUMENT # N30310

1. Entity Name
LAKESIDE AT FOUNTAIN LAKES NEIGHBORHOOD ASSOCIATION, INC.

55049684

| Principal Place of Business | Mailing Address |
|---|---|
| 22367 FOUNTAIN LAKES BLVD<br>ESTERO FL 33928<br>US | 22367 FOUNTAIN LAKES BLVD<br>ESTERO FL 33928<br>US |

☐ CHECK HERE IF MAKING CHANGES

| 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 65-0191051 ☐ 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 |
|---|---|
| ANDERSON, CAROL<br>22483 FOUNTAIN LAKES BLVD<br>ESTERO FL 33928 | Name CANDACE LYNCH<br>Street Address (P.O. Box Number is Not Acceptable) 3920 SPRING GARDEN LN.<br>City ESTERO FL **FL** Zip Code 33928 |

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 Candace L Lynch 6/19/03
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 / NAME / STREET ADDRESS / CITY-ST-ZIP | DT<br>PRYAL, JEAN I<br>~~22589~~ FOUNTAIN LAKES BLVD (22367)<br>ESTERO FL 33928 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DIRECTOR - PRESIDENT<br>CANDACE LYNCH<br>3920 SPRING GARDEN LN.<br>ESTERO, FL 33928 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>DUGAS, BRENDA<br>3921 SPRING GARDEN LANE<br>ESTERO FL 33928 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Director<br>William LEAR<br>22181 FAIR MOUNT CT.<br>ESTERO, FL 33928 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DT<br>PODSKALAN, NORM<br>3921 SPRING GARDEN LN<br>ESTERO FL 33928 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DS<br>ANDERSON, CAROL<br>22483 FOUNTAIN LAKES BLVD<br>ESTERO FL 33928 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>FARRAR, BRIAN<br>22190 FAIRMONT COURT<br>ESTERO FL 33928 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | 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:** SIGNATURE Treasurer 4/12/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #