

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N32413

1. Entity Name

RECREATION FACILITIES ASSOCIATION, INC.

**FILED**  
**Apr 06, 2000 8:00 am**  
**Secretary of State**

04-06-2000 90054 032 \*\*\*\*61.25

Principal Place of Business

Mailing Address

745 12TH AVE S.  
SUITE D  
NAPLES FL 33940  
US

745 12TH AVE S.  
SUITE D  
NAPLES FL 34102-7376  
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

65-0120425

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

MOORE PROPERTY MANAGEMENT  
745 12TH AVE S.  
SUITE D  
NAPLES FL 33940

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 **D** ☐ Delete  
NAME **SEBRING, BILL**  
STREET ADDRESS **4028 CRAYTON RD**  
CITY-ST-ZIP **NAPLES FL**

TITLE **Director** ☐ Change ☒ Addition  
NAME **Phyllis Shonfeld**  
STREET ADDRESS **555 Park Shore Drive**  
CITY-ST-ZIP **Naples, FL 34103**

TITLE **PD** ☐ Delete  
NAME **GAGNON, EDWARD**  
STREET ADDRESS **4854 CRAYTON RD**  
CITY-ST-ZIP **NAPLES FL**

TITLE **Director** ☐ Change ☒ Addition  
NAME **Tory Elliot**  
STREET ADDRESS **573 Park Shore Drive**  
CITY-ST-ZIP **Naples, FL 34103**

TITLE **S** ☒ Delete  
NAME **LUKAS, PAUL**  
STREET ADDRESS **4034 CRAYTON RD**  
CITY-ST-ZIP **NAPLES FL**

TITLE **--** ☐ Change ☐ Addition  
NAME **--**  
STREET ADDRESS **--**  
CITY-ST-ZIP **--**

TITLE **D** ☐ Delete  
NAME **DANIEL, JIM**  
STREET ADDRESS **555 PARK SHORE DR**  
CITY-ST-ZIP **NAPLES FL**

TITLE **--** ☐ Change ☐ Addition  
NAME **--**  
STREET ADDRESS **--**  
CITY-ST-ZIP **--**

TITLE **D** ☒ Delete  
NAME **PEG DAVITT**  
STREET ADDRESS **555 PARK SHORE DR**  
CITY-ST-ZIP **NAPLES FL**

TITLE **--** ☐ Change ☐ Addition  
NAME **--**  
STREET ADDRESS **--**  
CITY-ST-ZIP **--**

TITLE **VPD** ☐ Delete  
NAME **JAMES COOK**  
STREET ADDRESS **555 PARK SHORE DR**  
CITY-ST-ZIP **NAPLES FL**

TITLE **--** ☐ Change ☐ 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/00

Daytime Phone #

FILED (9/99)