

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2002 8:00 am
Secretary of State

0047909

DOCUMENT # N32413

1. Entity Name

RECREATION FACILITIES ASSOCIATION, INC.

03-18-2002 90054 040 ****61.25

Principal Place of Business

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

Mailing Address

745 12TH AVE S.
 SUITE D
 NAPLES FL 33940
 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: **TD** ☐ Delete
 NAME: **EICHOZOR, SHIRLEY**
 STREET ADDRESS: **555 PARK SHORE DR**
 CITY-ST-ZIP: **NAPLES FL 34103**

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

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

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

TITLE: **PD** ☐ Delete
 NAME: **KENT, LOANN**
 STREET ADDRESS: **555 PARK SHORE DR.**
 CITY-ST-ZIP: **NAPLES FL 34103**

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

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

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

TITLE: **D** ☒ Delete
 NAME: **ELLIOT, TORY**
 STREET ADDRESS: **573 PARK SHORE DR**
 CITY-ST-ZIP: **NAPLES FL 34103**

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

TITLE: **VPD** ☐ Delete
 NAME: **GAGNAN, ED**
 STREET ADDRESS: **4054 CRAYTON RD**
 CITY-ST-ZIP: **NAPLES FL 34103**

TITLE: ☐ Change ☐ Addition
 NAME: ☐ Change ☐ Addition
 STREET ADDRESS: ☐ Change ☐ Addition
 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:

Ed Gagnon
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/02 **941 262 5051**
 Date Daytime Phone #

CR2E037 (9/01)