

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 20, 2002 8:00 am**  
**Secretary of State**

05-20-2002 90090 023 \*\*\*\*61.25

**DOCUMENT # N38138**

1. Entity Name

**THE COURTYARD AT KINGS LAKE CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

4148A CORPORATE SQ  
 NAPLES FL 34104  
 US

4148 CORPORATE SQ  
 NAPLES FL 34104  
 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

65-0180471

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

**NEWELL, WILLIAM  
 4148A CORPORATE SQ  
 NAPLES FL 34104**

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 **STD** ☐ Delete  
 NAME **CHANDLER, MARK**  
 STREET ADDRESS **1833 COURTYARD WAY E201**  
 CITY-ST-ZIP **NAPLES FL 34112**

TITLE **D** ☐ Change ☒ Addition  
 NAME **Swenson, Roland**  
 STREET ADDRESS **1701 Courtyard Way #A102**  
 CITY-ST-ZIP **Naples FL 34112**

TITLE **D** ☐ Delete  
 NAME **SPEAKS, GROVENA**  
 STREET ADDRESS **1833 COURTYARD WAY #E103**  
 CITY-ST-ZIP **NAPLES FL 34112**

TITLE **PD** ☐ Change ☐ Addition  
 NAME **LAIRD, BOB**  
 STREET ADDRESS **1765 COURTYARD WAY #C205**  
 CITY-ST-ZIP **NAPLES FL 34112**

TITLE **VD** ☐ Delete  
 NAME **TODD, MILDRED**  
 STREET ADDRESS **1865 COURTYARD WAY F106**  
 CITY-ST-ZIP **NAPLES FL 34112**

TITLE **VD** ☐ Change ☐ Addition  
 NAME **REDLES, RICH**  
 STREET ADDRESS **1765 COURTYARD WAY C101**  
 CITY-ST-ZIP **NAPLES FL**

TITLE **VD** ☐ Delete  
 NAME **REDLES, RICH**  
 STREET ADDRESS **1765 COURTYARD WAY C101**  
 CITY-ST-ZIP **NAPLES FL**

TITLE **VD** ☐ Change ☐ Addition  
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 STREET ADDRESS **1765 COURTYARD WAY C101**  
 CITY-ST-ZIP **NAPLES FL**

TITLE **VD** ☐ Delete  
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TITLE **VD** ☐ Delete  
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 STREET ADDRESS **1765 COURTYARD WAY C101**  
 CITY-ST-ZIP **NAPLES FL**

TITLE **VD** ☐ Change ☐ Addition  
 NAME **REDLES, RICH**  
 STREET ADDRESS **1765 COURTYARD WAY C101**  
 CITY-ST-ZIP **NAPLES FL**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)