

FILED
Apr 22, 2003 8:00 am
Secretary of State

03-21-2003 90103 016 ***61.25

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

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DOCUMENT # N94000000855

1. Entity Name

N.T.T. LOT OWNERS' ASSOCIATION, INC.



Principal Place of Business

POST OFFICE BOX 61805
FT MEYERS FL 33906

Mailing Address

POST OFFICE BOX 61805
FT MEYERS FL 33906

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 NOT APPLICABLE

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

BECK, W. KIRK
1829 MELALEUCA LANE
FORT MYERS FL 33901

7. Name and Address of New Registered Agent

Name Beck, W. Kirk
Street Address (P.O. Box Number is Not Acceptable)
1464-1 Pine Shore Circle
City Fort Myers FL Zip Code 33901

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, block printed name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

3/19/03

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
DPST	BECK, W. KIRK	1464-1 PINE SHORE CIRCLE	FORT MYERS FL 33901	☐
DVP	WEATHERS, ERNEST W	1533 HENDRY STREET, SUITE 100	FORT MYERS FL 33901	☐
D	MILLER, KATHY	18770 OLD BAYSHORE ROAD	NORTH FORT MEYERS FL 33917	☒
D	BARNETTE, ANDREW A.	4427 DEL PRADO BLVD	CAPE CORAL FL 33904	☐
				☐
				☐

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/03 239-337-1010

CP2E037 (10/02)