

2000 UNIFORM BUSINESS REPORT (UBR)

3,

DOCUMENT # N96000000825

1. Entity Name

MARSH LANDING COMMUNITY ASSOCIATION AT ESTERO, I

Principal Place of Business

Mailing Address

19850 BRACKENRIDGE DR
STE A
ESTERO FL 33928

19850 BRACKENRIDGE DR
STE A
ESTERO FL 33928-2183

Pegasus Property Management Inc.
17595 South Tamiami Trail #200-2
Fort Myers, FL 33908

3. Mailing Address

Pegasus Property Management Inc.
17595 South Tamiami Trail #200-2
Fort Myers, FL 33908

FILED
May 11, 2000 8:00 am
Secretary of State

03-27-2000 90062 001 ***122.50



DO NOT WRITE IN THIS SPACE

FEI Number **65-0684164** Applied For
Not Applicable

Certificate of Status Desired ☐ \$8.75 Additional Fee Required

Zip	Country
6. Name and Address of Current Registered Agent	
EATON, TOM 19850 BRACKENRIDGE DR STE A ESTERO FL 33928	
7. Name and Address of New Registered Agent	
Stilson, Barbara Pegasus Property Management Inc. 17595 South Tamiami Trail #200-2 Fort Myers, FL 33908	
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 Barbara A Stilson Agent 3/15/00
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 NAME STREET ADDRESS CITY-ST-ZIP	PD BEACH, CHARLIE 23058 GRASSY PINE ESTERO FL 33928 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BILLIE ADCOCK 12701 WORLD PLAZA LANE #80 FORT MYERS FL 33907 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV QUELL, HANK 23048 GRASSY PINE ESTERO FL 33928 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD WAYNE MILLER 12701 WORLD PLAZA LANE #80 FORT MYERS FL 33907 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS POWERS, PAUL 23073 GRASSY PINE ESTERO FL 33928 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERT GLEASON 12701 WORLD PLAZA LN FORT MYERS FL 33907 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: Barbara A Stilson **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/00 941-277-9444
Date Daytime Phone #

CR2E037 (9/99)