

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90251 003 ****61.25

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1. Corporation Name

EAGLE RIDGE LAKES MASTER ASSOCIATION, INC.

Principal Place of Business

4158 LORRAINE AVE.
NAPLES FL 34104

Mailing Address

4158 LORRAINE AVE.
NAPLES FL 34104



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

01/05/1998

4. FEI Number

59-3499751

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

SIESKY, JAMES H
1000 TAMiami TRAIL NORTH, STE. 201
NAPLES FL 34102

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE

NAME SIESKY, JAMES H
STREET ADDRESS 141 CARIBBEAN RD.
CITY-ST-ZIP NAPLES FL 34108

TITLE D ☒ DELETE

NAME PATRICK, FREDERICK J
STREET ADDRESS 9828 LUNA CIRCLE
CITY-ST-ZIP NAPLES FL 34108

TITLE D ☒ DELETE

NAME FRISHE, RACHEL C
STREET ADDRESS 748 92ND AVE. NORTH
CITY-ST-ZIP NAPLES FL 34108

TITLE P ☐ DELETE

NAME COOPER, FRANK W
STREET ADDRESS 4158 LORRAINE AVE.
CITY-ST-ZIP NAPLES FL 34104

TITLE VP ☒ DELETE

NAME FRECHETTE, DENNIS P
STREET ADDRESS 4158 LORRAINE AVE.
CITY-ST-ZIP NAPLES FL 34104

TITLE ST ☐ DELETE

NAME FRECHETTE, AMY PRICE
STREET ADDRESS 4158 LORRAINE AVE.
CITY-ST-ZIP NAPLES FL 34104

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☒ Addition

5.2 NAME Director
5.3 STREET ADDRESS James E. Long
5.4 CITY-ST-ZIP 13940-201 Eagle Ridge Lakes Dr.
Ft Myers, FL 33912

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with a letter like empowered.

SIGNATURE:

SIGNATURE REQUIRED: W. Cooper Pres 4/14/99 (941) 643-5053

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

0063714