

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000002984

1. Entity Name

TWINEAGLES COMMUNITY ASSOCIATION, INC.

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90054 038 ****70.00

Principal Place of Business

Mailing Address

4099 TAMiami TRAIL NORTH
SUITE 305
NAPLES FL 34103

4099 TAMiami TRAIL NORTH
SUITE 305
NAPLES FL 34103-3548

2. Principal Place of Business

11330 TWINEAGLES BLVD.

3. Mailing Address

11330 TWINEAGLES BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NAPLES FL

City & State

NAPLES FL

4. FEI Number

59-3527074

Applied For

Not Applicable

Zip

34120

Country

USA

Zip

34120

Country

USA

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CLASP INC
3001 TAMiami TRAIL NORTH
4TH FL
NAPLES FL 34109

7. Name and Address of New Registered Agent

Name

CHERYL R. KRAUS

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

1072 GOODLETTE ROAD

City

NAPLES

FL

Zip Code

34102

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

TITLE SD ☐ Delete
NAME SWIRDA, LISA
STREET ADDRESS 4099 TAMiami TRAIL N STE 305
CITY-ST-ZIP NAPLES FL 34103

TITLE TD ☐ Delete
NAME O'DONNELL, JOHN J
STREET ADDRESS 4099 TAMiami TRAIL N STE 305
CITY-ST-ZIP NAPLES FL 34103

TITLE VD ☒ Delete
NAME O'LEARY, KENNETH J
STREET ADDRESS 4099 TAMiami TRAIL N STE 305
CITY-ST-ZIP NAPLES FL 34103

TITLE PD ☐ Delete
NAME PHEASANT, LORI
STREET ADDRESS 4099 TAMiami TRAIL N STE 305
CITY-ST-ZIP NAPLES FL 34103

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE STD ☒ Change ☐ Addition
NAME SWIRDA, LISA C.
STREET ADDRESS 11330 TWINEAGLES BLVD
CITY-ST-ZIP NAPLES, FL 34120

TITLE VD ☒ Change ☐ Addition
NAME O'DONNELL, JOHN J.
STREET ADDRESS 11330 TWINEAGLES BLVD.
CITY-ST-ZIP NAPLES, FL 34120

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

TITLE PD ☒ Change ☐ Addition
NAME PHEASANT, LORI A.
STREET ADDRESS 11330 TWINEAGLES BLVD.
CITY-ST-ZIP NAPLES, FL 34120

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

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

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 #

LORI A.

PHEASANT

4-10-00

941-352-8000

CR2E037 (9/98)