

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 01, 2002 8:00 am**  
**Secretary of State**

000173

**DOCUMENT # N99000003710**

1. Entity Name

**THE MANOR AT MORTON GROVE CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

10911 BONITA BEACH ROAD  
SUITE 1011  
BONITA SPRINGS FL 34135

10911 BONITA BEACH ROAD  
SUITE 1011  
BONITA SPRINGS FL 34135

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3590503

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**HEDRICH, NORMAN**  
**10911 BONITA BEACH ROAD**  
**SUITE 1011**  
**BONITA SPRINGS FL 34135**

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 PD  
NAME HEDRICH, NORMAN ☐ Delete  
STREET ADDRESS 10911 BONITA BEACH ROAD, SUITE 1011  
CITY-ST-ZIP BONITA SPRINGS FL 34135

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

TITLE VPD  
NAME HEDRICH, BRADLEY ☐ Delete  
STREET ADDRESS 10911 BONITA BEACH ROAD, SUITE 1011  
CITY-ST-ZIP BONITA SPRINGS FL 34135

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

TITLE STD  
NAME HEDRICH, CLEDA ☐ Delete  
STREET ADDRESS 10911 BONITA BEACH ROAD, SUITE 1011  
CITY-ST-ZIP BONITA SPRINGS FL 34135

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

TITLE VPD  
NAME ~~FARRAR, PAUL~~ ☐ Delete  
STREET ADDRESS ~~26720 LITTLE JOHN COURT, #8~~  
CITY-ST-ZIP ~~BONITA SPRINGS FL 34135~~

TITLE ☒ Change ☐ Addition  
NAME Cecily Stanley  
STREET ADDRESS 26734 Little John Court Apt 4  
CITY-ST-ZIP Bonita Springs, FL 34135

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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 #

CR2E037 (9/01)