# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**May 29, 2002 8:00 am**
**Secretary of State**
04-29-2002 90142 031 ****61.25

DOCUMENT # 722499

1. Entity Name

GULF PINES PROPERTY OWNERS ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| GULF PINES DRIVE<br>SANIBEL FL 33912<br>US | P O BOX 100<br>SANIBEL FL 33957<br>US |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1803734 — Applied For / Not Applicable

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 |
|---|---|
| JAMBECK NICK<br>~~1633 PERIWINKLE WAY~~ 703 Tarpon Bay #B<br>SANIBEL FL 33957 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 P<br>NAME TUKREY, JACK<br>STREET ADDRESS 4245 GULF PINES DR<br>CITY-ST-ZIP SANIBEL FL 33957 | ☒ Delete | TITLE PD<br>NAME Schell, Al Pres<br>STREET ADDRESS 4291 Gulf Pines Dr<br>CITY-ST-ZIP Sanibel FL 33957 | ☐ Change ☒ Addition |
| TITLE SD<br>NAME HUMMEL, KAYI<br>STREET ADDRESS 963 CABBAGE PALM Secretary<br>CITY-ST-ZIP SANIBEL FL 33957 | ☐ Delete | TITLE TD<br>NAME Cuscaden, Mike<br>STREET ADDRESS 923 Pepperbush Pt<br>CITY-ST-ZIP Sanibel, FL | ☐ Change ☒ Addition |
| TITLE VD<br>NAME COOLEY, BARABARA<br>STREET ADDRESS 4241 OLD BAYON WAY<br>CITY-ST-ZIP SANIBEL FL 33957 | ☒ Delete | TITLE<br>NAME Erikson, Jim<br>STREET ADDRESS 4220 Gulf Pines Dr<br>CITY-ST-ZIP Sanibel FL 33957 VP | ☐ Change ☒ Addition |
| TITLE TD<br>NAME KOURY, GEORGE<br>STREET ADDRESS 4400 GULF PINES DR<br>CITY-ST-ZIP SANIBEL FL 33957 | ☒ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE D<br>NAME KEMPER, JAN<br>STREET ADDRESS 4452 GULF PINES DR<br>CITY-ST-ZIP SANIBEL FL 33957 | ☒ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE D<br>NAME PURDY, JOHN<br>STREET ADDRESS 4215 GULF PINES DR<br>CITY-ST-ZIP SANIBEL FL 33957 | ☒ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>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 ... 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an add...

**SIGNATURE:** Sid Cuscaden 4/3/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIREC... Date Daytime Phone #

CR2E037 (9/01)