

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 750992

1. Entity Name

SEA ISLES CONDOMINIUM ASSOCIATION OF BONITA BEAC

Principal Place of Business

26131 HICKORY BLVD
BONITA SPRGS FL 33923

Mailing Address

745-12TH AVENUE SOUTH
SUITE #D
NAPLES FL 34102
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

MOORE PROPERTY MGMT.
745 12TH AVE. S. STE. D
NAPLES FL 34102

4. FEI Number

59-2002316

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRAY, J. GERALD 4 4001 WHISKEY POINT LANE BONITA SPRINGS FL 33923	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FORD, ROGER 26131 HICKORY BLVD. 1-D BONITA SPRINGS FL 33923	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAYES, BARBARA 26131 HICKORY BLVD BONITA SPRGS FL 33923	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BACON, PATRICIA 62 PARKER AVENUE NEW CITY NY 10956	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOUSER, ELWOOD 26131 HICKORY BLVD 7-C BONITA SPRINGS FL 33923	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

JERRY GRAY

Date

Daytime Phone #

4/24/01

941 262 5051



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)

0071766

FILED
May 01, 2001 8:00 am
Secretary of State

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