

2000 UNIFORM BUSINESS REPORT (UBR)

4/1

DOCUMENT # 770138

1. Entity Name

THE GULF PLACE CONDOMINIUM ASSOCIATION OF LEHIGH

FILED
May 22, 2000 8:00 am
Secretary of State

04-19-2000 90074 034 ****61.25

Principal Place of Business
801 LEELEND HGTS BLVD
LEHIGH ACRES FL 33936
US

Mailing Address
P O BOX 105
LEHIGH ACRES FL 33970-0105
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1140 Lee Blvd.
Suite, Apt. #, etc.

3. Mailing Address
P O Box 1361
Suite, Apt. #, etc.

City & State
Lehigh Acres
Lehigh Acres

4. FEI Number
59-2157838
Applied For
Not Applicable

Zip
33970
Country
Lee

5. Certificate of Status Desired
\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
REYNOLDS, A.B.
A.B. REYNOLDS AND ASSOCIATS
801 LEELEND HEIGHTS BLVD.
LEHIGH ACRES FL 33936

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	PD	☒ Delete
NAME	BURGESSON, KIMBERLY	
STREET ADDRESS	608 GERALD AVE UNIT 212	
CITY-ST-ZIP	LEHIGH ACRES FL	
TITLE	VPD	☒ Delete
NAME	CARMICHAEL, BRIAN	
STREET ADDRESS	608 GERALD AVE UNIT 113	
CITY-ST-ZIP	LEHIGH ACRES FL	
TITLE	TSD	☒ Delete
NAME	BENSON, REGINE	
STREET ADDRESS	557 FOXCREAK DR	
CITY-ST-ZIP	LEHIGH FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	PT/DP	☒ Change ☒ Addition
NAME	Stephened Zimperle	
STREET ADDRESS	608 Gerald Ave. Unit 221	
CITY-ST-ZIP	Lehigh-Acres FL 33972	
TITLE	VP/SPD	☐ Change ☒ Addition
NAME	Patricia Erers	
STREET ADDRESS	2604 G St. E	
CITY-ST-ZIP	Lehigh-Acres FL 33972	
TITLE	Dir.	☐ Change ☒ Addition
NAME	Ellene Dunn	
STREET ADDRESS	606 Gerald Ave. Unit 126	
CITY-ST-ZIP	Lehigh-Acres FL 33972	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 #

CR2E037 (9/99)