

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2002 8:00 am
Secretary of State

02-14-2002 90083 038 ****61.25

DOCUMENT # 771001

1. Entity Name
**BAY HARBOR CLUB OF BONITA BEACH CONDOMINIUM ASSO
 CIATION, INC.**

Principal Place of Business Mailing Address
26225 HICKORY BLVD. **26225 HICKORY BLVD.**
BONITA SPRINGS FL 33923 **BONITA SPRINGS FL 33923**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
59-2358903 Not Applicable

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

6. Name and Address of Current Registered Agent

MCCLURE, P.A., ROBERT D
500 FIFTH AVE SOUTH
NAPLES FL 34102

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 | DP | <input type="checkbox"/> Delete |
| NAME | SCHROER, JAMES | |
| STREET ADDRESS | 26235 HICKORY BLVD, 7B | |
| CITY-ST-ZIP | BONITA SPRINGS FL 34134 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | REILLY, JAMES | |
| STREET ADDRESS | 26225 HICKORY BLVD, #2D | |
| CITY-ST-ZIP | BONITA SPRINGS FL 34134 | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | NELSON, PHILLIP | |
| STREET ADDRESS | 26235 HICKORY BLVD, #2B | |
| CITY-ST-ZIP | BONITA SPRINGS FL 34134 | |
| TITLE | DT | <input type="checkbox"/> Delete |
| NAME | MCLEAN, DAN | |
| STREET ADDRESS | 26235 HICKORY BLVD, 8A | |
| CITY-ST-ZIP | BONITA SPRINGS FL 34134 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | CHARTRAND, STEVEN | |
| STREET ADDRESS | 26235 HICKORY BLVD 1B | |
| CITY-ST-ZIP | BONITA SPRINGS FL 34134 | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | BASFORD, JAMES | |
| STREET ADDRESS | 26225 HICKORY BLVD, #8A | |
| CITY-ST-ZIP | BONITA SPRINGS FL 34134 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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 another like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** **1-28-02 941-992-4272**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)