

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90149 019 ****61.25

DOCUMENT # 771001

1. Entity Name

BAY HARBOR CLUB OF BONITA BEACH CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

**26225 HICKORY BLVD.
BONITA SPRINGS FL 33923**

Mailing Address

**26225 HICKORY BLVD.
BONITA SPRINGS FL 33923**

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 **59-2358903**

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

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

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	NAME	TITLE	NAME
DP	SCHROER, JAMES	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	26235 HICKORY BLVD, 7B	STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	CITY-ST-ZIP	
D	REILLY, JAMES	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	26225 HICKORY BLVD, #2D	STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	CITY-ST-ZIP	
SD	NELSON, PHILLIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	26235 HICKORY BLVD, #2B	STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	CITY-ST-ZIP	
DT	MCLEAN, DAN	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	26235 HICKORY BLVD, 8A	STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	CITY-ST-ZIP	
D	CHARTRAND, STEVEN	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	26235 HICKORY BLVD 1B	STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	CITY-ST-ZIP	
VD	BASFORD, JAMES	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	26225 HICKORY BLVD, #8A	STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/03 235-992-4232

CR2E037 (10/02)