

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90153 036 ****61.25

DOCUMENT # N94000006252

1. Entity Name

BAY HARBOR COMMUNITY ASSOCIATION, INC.

Principal Place of Business

Mailing Address

GULF BREEZE MANAGEMENT
 27725 OLD 41, SUITE 20
 BONITA SPRINGS FL 34135
 US

GULF BREEZE MANAGEMENT
 27725 OLD 41, SUITE 20
 BONITA SPRINGS FL 34135-5679
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business ~~%Gulf Breeze~~
Management Services, Inc.

3. Mailing Address ~~%Gulf Breeze~~
Management Services, Inc.

Suite, Apt. #, etc. 27725 Old 41,
Suite 206

Suite, Apt. #, etc. 27725 Old 41
Suite 206

City & State

City & State

4. FEI Number

65-0572124

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

Zip
34135-5679

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MAURER, ESTELLE K
C/O GULF BREEZE MANAGEMENT SERVICES
27225 OLD 41, STE 20
BONITA SPGS FL 34135

~~Name - Maurer, Estelle K.~~
~~Gulf Breeze Management Services, Inc.~~
 Street Address (P.O. Box Number is Not Acceptable)
27725 Old 41

Suite 206

City
Bonita Springs

FL

Zip Code
34135-5679

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	PD	<input type="checkbox"/> Delete
NAME	SOFFEL, ANDREW	
STREET ADDRESS	27086 SHELL RIDGE CIR	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	LORENZ, CLIFFORD	
STREET ADDRESS	4542 SHELL RIDGE CT	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	BUSH, FRED	
STREET ADDRESS	27104 SHELL RIDGE CIR	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE	STD	<input type="checkbox"/> Delete
NAME	MILLER, HAL	
STREET ADDRESS	27152 SHELL RIDGE CIR	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	
TITLE	D	<input type="checkbox"/> Delete
NAME	WESTERMAN, HANK	
STREET ADDRESS	27056 SHELL RIDGE CIR	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Aronson, Stephen M.	
STREET ADDRESS	4556 Shell Ridge Court	
CITY-ST-ZIP	Bonita Springs, FL 34134	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V/D	<input checked="" 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Andrew Soffel

2/22/00

Date

(941) 947-3737

Daytime Phone #

CR2E037 (9/99)