

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90032 014 ****61.25

DOCUMENT # N94000006252

1. Entity Name

BAY HARBOR COMMUNITY ASSOCIATION, INC.

Principal Place of Business

%GULF BREEZE MAANAGEMENT SERVICES. INC.
 27725 OLD 41 STE 104
 BONITA SPRINGS FL 34135-5679
 US

Mailing Address

%GULF BREEZE MAANAGEMENT SERVICES. INC.
 27725 OLD 41 STE 104
 BONITA SPRINGS FL 34135-5679
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0572124

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MAURER, ESTELLE K
GULF BREEZE MANAGEMENT SERVICES, INC.
 27725 OLD 41 STE 104
 BONITA SPRINGS FL 34135-5679

7. Name and Address of New Registered Agent

Name *Shipp Estelle K.*
 Street Address (P.O. Box Number is Not Acceptable) *Gulf Breeze Management 27725 Old 41, #104 Services*
 City *Bonita Springs FL* Zip Code *34135*

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 *Estelle K. Shipp* *Shipp Estelle K.* *4/8/02*
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	VD	<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 34134	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WESTERMAN, HANK	
STREET ADDRESS	27056 SHELL RIDGE CIR	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ARONSON, STEPHEN M	
STREET ADDRESS	4556 SHELL RIDGE COURT	
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		<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 all other like empowered.

SIGNATURE: *Andrew Soffel* *4/8/02* *(239) 947-3737*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)