

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

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90126 045 \*\*\*\*61.25

0054935

**DOCUMENT # N94000006252**

1. Entity Name

**BAY HARBOR COMMUNITY ASSOCIATION, INC.**



Principal Place of Business <b>%GULF BREEZE MAANAGEMENT SERVICES, INC. 27725 OLD 41 STE 104 BONITA SPRINGS FL 34135-5679 US</b>	Mailing Address <b>%GULF BREEZE MAANAGEMENT SERVICES, INC. 27725 OLD 41 STE 104 BONITA SPRINGS FL 34135-5679 US</b>
--	--

20060600



2. Principal Place of Business <b>%Gulf Breeze Management Services of SW FL, LLC</b>	3. Mailing Address <b>%Gulf Breeze Management Services of SW FL, LLC</b>
---	---

Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number <b>65-0572124</b>	Applied For <input type="checkbox"/> Not Applicable
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip	Country	Zip	Country

CHECK HERE IF MAKING CHANGES

<b>6. Name and Address of Current Registered Agent</b>  <b>SHIPP, ESTELLE K GULF BREEZE MANAGEMENT SERVICES, INC. 27725 OLD 41 STE 104 BONITA SPRINGS FL 34135-5679</b>	<b>7. Name and Address of New Registered Agent</b> Name <b>Weidner, Ralph L.</b> <b>Gulf Breeze Management Services of SW FL, LLC</b> Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 *Ralph L. Weidner* **Ralph L. Weidner** **4/24/03**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
---------------------------------	--	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD SOFFEL, ANDREW 27086 SHELL RIDGE CIR BONITA SPRINGS FL 34134</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD BUSH, FRED 27104 SHELL RIDGE CIR BONITA SPRINGS FL 34134</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S/T/D Quinby, Nelson (Pete) 27170 Shell Ridge Circle Bonita Springs, FL 34134</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD MILLER, HAL 27152 SHELL RIDGE CIR BONITA SPRINGS FL 34134</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D/E/C Warrington, Stuart 27128 Shell Ridge Circle Bonita Springs, FL 34134</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD WESTERMAN, HANK 27056 SHELL RIDGE CIR BONITA SPRINGS FL 34134</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD ARONSON, STEPHEN M 4556 SHELL RIDGE COURT BONITA SPRINGS FL 34134</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Stephen M. Aronson* **Stephen M. Aronson** **3/7/03** **239-949-3077**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)