

2002 UNIFORM BUSINESS REPORT (UBR)

2/4/

FILED
Mar 12, 2002 8:00 am
Secretary of State

02-04-2002 90115 022 ****61.25

DOCUMENT # N96000006194

1. Entity Name

BULLARD SUBDIVISION HOME OWNERS ASSOCIATION, INC

Principal Place of Business

11550 TAMiami TRAIL EAST
 NAPLES FL 34113
 US

Mailing Address

11550 TAMiami TRAIL EAST
 NAPLES FL 34113
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-1834379**

Applied For
 Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DURSO, SAMUEL
891 PARTRIDGE COURT
MARCO ISLAND FL 34145

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

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

TITLE	P	<input type="checkbox"/> Delete
NAME	DURSO, SAMUEL	
STREET ADDRESS	891 PARTRIDGE COURT	
CITY-ST-ZIP	MARCO ISLAND FL 34145-5825	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CALIGA, ROBERT E	
STREET ADDRESS	1120 LITTLE NECK LANE CT E-51	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	BLACKWELL, WES	
STREET ADDRESS	8705 COLLIER BLVD	
CITY-ST-ZIP	MARCO ISLAND FL-34145	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHNEIDER, THOMAS	
STREET ADDRESS	704 TURKEY OAK LANE	
CITY-ST-ZIP	NAPLES FL 34108	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRANADA, JOSE	
STREET ADDRESS	831 PARTRIDGE COURT	
CITY-ST-ZIP	MARCO ISLAND FL 34145	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARY ANN DURSO	
STREET ADDRESS	891 Partridge Court	
CITY-ST-ZIP	MARCO Island, FL 34145	
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		

CR2E037 (9/01)

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 or other like empowered.

SIGNATURE: SAMUEL DURSO **SIGNATURE REQUIRED** 2. SAMUEL DURSO, P. 1/15/02 (941)775-0036
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #