

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2000 8:00 am
Secretary of State

04-20-2000 90086 040 ****61.25

DOCUMENT # N97000001118

1. Entity Name

Bay Pointe At Bonita Bay Condominium Association, Inc.

Principal Place of Business

4700 Montego Pointe Way
 Bonita Springs, FL 34134

Mailing Address

5801 Pelican Bay Blvd.
 Suite 600
 Naples, FL 34108

17207

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

27725 Old 41
 Suite, Apt. #, etc.

Suite 206

City & State

Bonita Springs, FL

Zip
 34135

Country
 US

3. Mailing Address **Gulf Breeze Management Services, Inc.**

27725 Old 41
 Suite, Apt. #, etc.

Suite 206

City & State

Bonita Springs, FL

Zip
 34135-5679

Country
 US

4. FEI Number

59-3434408

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

Unsim, Diana M.
 5801 Pelican Bay Blvd.
 #600
 Naples, FL 34108

7. Name and Address of New Registered Agent

Name **Estelle K. Maurer**
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**

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. Maurer**

5/8/2000

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 | PD | <input checked="" type="checkbox"/> Delete |
| NAME | Unsim, Diana | |
| STREET ADDRESS | 5801 Pelican Bay Blvd., #600 | |
| CITY-ST-ZIP | Naples, FL 34108 | |
| TITLE | VPD | <input checked="" type="checkbox"/> Delete |
| NAME | Loeffler, Joe | |
| STREET ADDRESS | 5801 Pelican Bay Blvd., #600 | |
| CITY-ST-ZIP | Naples, FL 34108 | |
| TITLE | STD | <input checked="" type="checkbox"/> Delete |
| NAME | Class, Maria | |
| STREET ADDRESS | 5801 Pelican Bay Blvd., #600 | |
| CITY-ST-ZIP | Naples, FL 34108 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|----------------------------------|------------------------------------------------------------------------------|
| TITLE | P/D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Loeffler, Joseph | |
| STREET ADDRESS | 26973 Montego Pointe Court, #102 | |
| CITY-ST-ZIP | Bonita Springs, FL 34134 | |
| TITLE | V/D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Ray, Dr. Subhash C. | |
| STREET ADDRESS | 26931 Montego Pointe Court, #101 | |
| CITY-ST-ZIP | Bonita Springs, FL 34134 | |
| TITLE | S/D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Patterson, James E. | |
| STREET ADDRESS | 26931 Montego Pointe Court, #201 | |
| CITY-ST-ZIP | Bonita Springs, FL 34134 | |
| TITLE | T/D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Henderson, John W.R. | |
| STREET ADDRESS | 4712 Montego Pointe Way, #202 | |
| CITY-ST-ZIP | Bonita Springs, FL 34134 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Nemsick, John | |
| STREET ADDRESS | 26944 Montego Pointe Court, #202 | |
| CITY-ST-ZIP | Bonita Springs, FL 34134 | |
| 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:  **Dr. Subhash C. Ray**

5/8/2000

(941) 949-3184

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)