

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2001 8:00 am
Secretary of State

03-26-2001

DOCUMENT # N97000001118

1. Entity Name

BAY POINTE AT BONITA BAY CONDOMINIUM ASSOCIATION

03-26-2001 90143 009 ****61.25

Principal Place of Business

**4700 MONTEGO POINTE WAY
 BONITA SPRINGS FL 34134**

Mailing Address

**5801 PELICAN BAY BLVD.
 #600
 NAPLES FL 34108**

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

**27725 Old 41
 Suite, Apt. #, etc.
 Suite 104**

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

**27725 Old 41
 Suite, Apt. #, etc.
 Suite 104**



DO NOT WRITE IN THIS SPACE

City & State
Bonita Springs, FL

City & State
Bonita Springs, FL

4. FEI Number **59-3434408**

Applied For
 Not Applicable

Zip Country
34135 USA

Zip Country
34135 USA

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

6. Name and Address of Current Registered Agent

**UNSINN, DIANA M
 5801 PELICAN BAY BLVD.
 #600
 NAPLES FL 34108**

7. Name and Address of New Registered Agent

Name **Maurer, Estelle K.**
Gulf Breeze Management Services, Inc.
 Street Address (P.O. Box Number is Not Acceptable)
27725 Old 41
Suite 104
 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* **Estelle K. Maurer**

3/1/01

Signature, typed or printed name of registered agent and date, 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 NAME STREET ADDRESS CITY-ST-ZIP	PD UNSINN, DIANA 5801 PELICAN BAY BLVD. #600 NAPLES FL 34108	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LOFFLER, JOE 5801 PELICAN BAY BLVD. #600 NAPLES FL 34108	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CLASS, MARIA 5801 PELICAN BAY BLVD. #600 NAPLES FL 34108	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D Ray, Dr. Subhash C. 26931 Montego Pointe Court, #101 Bonita Springs, FL 34134	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Loeffler, Joseph 26973 Montego Pointe Court, #102 Bonita Springs, FL 34134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D Patterson, James H. 26931 Montego Pointe Court, #201 Bonita Springs, FL 34134	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	I/D Henderson, John W.R. 4712 Montego Pointe Way, #202 Bonita Springs, FL 34134	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Hornick, Robert 4706 Montego Pointe Way, #103 Bonita Springs, FL 34134	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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: *John W.R. Henderson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 3/01 (941) 948-1745
 Date Daytime Phone #

CR2E037 (10/00)