

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000001118

1. Entity Name

BAY POINTE AT BONITA BAY CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

GULF BREEZE MANAGEMENT SERVICES INC
27725 OLD 41 STE 104
BONITA SPRINGS FL 34135

Mailing Address

GULF BREEZE MANAGEMENT SERVICES INC
27725 OLD 41 STE 104
BONITA SPRINGS FL 34135

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3434408

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

UNSINN, DIANA M
GULF BREEZE MANAGEMENT SERVICES
27725 OLD 41 STE 104
BONITA SPRINGS FL 34135

Name: ESTELLE-K. SHIPP

Street Address (P.O. Box Number is Not Acceptable)

GULF BREEZE MANAGEMENT, INC.

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.

ESTELLE K. SHIPP

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

04/08/02

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

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\$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: VD
NAME: SUBHASH, RAY C DR
STREET ADDRESS: 56931 MONTEGO POINTE CT 101
CITY-ST-ZIP: BONITA SPRINGS FL 34134 ☒ Delete

TITLE: V/D
NAME: PATTERSON, JAMES
STREET ADDRESS: 36931 MONTEGO POINTE CT. #201
CITY-ST-ZIP: BONITA SPRINGS, FL 34134 ☐ Change ☒ Addition

TITLE: PD
NAME: LOEFFLER, JOSEPH
STREET ADDRESS: 26973 MONTEGO POINTE CT 102
CITY-ST-ZIP: BONITA SPRINGS FL 34134 ☐ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ Change ☐ Addition

TITLE: SD
NAME: PATTERSON, JAMES H
STREET ADDRESS: 26931 MONTEGO POINTE CT 201
CITY-ST-ZIP: BONITA SPRINGS FL 34134 ☒ Delete

TITLE: S/D
NAME: HORNICK, ROBERT
STREET ADDRESS: 4706 MONTEGO POINTE CT. #103
CITY-ST-ZIP: BONITA SPRINGS, FL 34134 ☐ Change ☒ Addition

TITLE: TD
NAME: HENDERSON, JOHN W
STREET ADDRESS: 4712 MONTEGO POINTE WAY 202
CITY-ST-ZIP: BONITA SPRINGS FL 34134 ☐ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ Change ☐ Addition

TITLE: D
NAME: HORNICK, ROBERT
STREET ADDRESS: 4706 MONTEGO POINTE WAY 103
CITY-ST-ZIP: BONITA SPRINGS FL 34134 ☒ Delete

TITLE: D
NAME: LEVIN, MYRTILLA
STREET ADDRESS: 26944 MONTEGO POINTE CT. #102
CITY-ST-ZIP: BONITA SPRINGS, FL 34134 ☐ Change ☒ Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ Change ☐ 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 prepare 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 officers, with an authorized officer empowered.

JOSEPH LOEFFLER (239) 495-7946

04/08/02

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)