

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

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91482 037 \*\*\*\*61.25

**DOCUMENT # N97000001118**

1. Entity Name  
**BAY POINTE AT BONITA BAY CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business Mailing Address  
**GULF BREEZE MANAGEMENT SERVICES INC** **GULF BREEZE MANAGEMENT SERVICES INC**  
**27725 OLD 41 STE 104** **27725 OLD 41 STE 104**  
**BONITA SPRINGS FL 34135** **BONITA SPRINGS FL 34135**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business **Gulf Breeze Management Services of SW FL, LLC** 3. Mailing Address **Gulf Breeze Management Services of SW FL, LLC**

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**

**SHIPP, ESTELLE K**  
**GULF BREEZE MANAGEMENT SERVICES**  
**27725 OLD 41 STE 104**  
**BONITA SPRINGS FL 34135**

Name **Weidner, Ralph L.**  
**Gulf Breeze Management Services of SW FL, LLC**  
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. 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

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>PATTERSON, JAMES</b>	
STREET ADDRESS	<b>36931 MONTEGO POINTE CT. #201</b>	
CITY-ST-ZIP	<b>BONITA SPRINGS FL 34134</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>LOEFFLER, JOSEPH</b>	
STREET ADDRESS	<b>26973 MONTEGO POINTE CT 102</b>	
CITY-ST-ZIP	<b>BONITA SPRINGS FL 34134</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>HORNICK, ROBERT</b>	
STREET ADDRESS	<b>4706 MONTEGO POINTE CT. #103</b>	
CITY-ST-ZIP	<b>BONITA SPRINGS FL 34134</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>HENDERSON, JOHN W</b>	
STREET ADDRESS	<b>4712 MONTEGO POINTE WAY 202</b>	
CITY-ST-ZIP	<b>BONITA SPRINGS FL 34134</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LEVIN, MYRTILIA</b>	
STREET ADDRESS	<b>26944 MONTEGO POINTE CT. #102</b>	
CITY-ST-ZIP	<b>BONITA SPRINGS FL 34134</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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, but all other like changes are deleted.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** **03-07-03** **495-7946**

CR2E037 (10/02)