

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

FILED
May 19, 2003 8:00 am
Secretary of State

04-23-2003 90169 050 ****61.25

DOCUMENT # N97000004260

1. Entity Name

BOYNE SOUTH PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business
**18100 ROYAL TREE PARKWAY
NAPLES FL 34114**

Mailing Address
**18100 ROYAL TREE PARKWAY
NAPLES FL 34114**

55042136

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 **59-3514643**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**RSM MCGLADRY, INC
600 FIFTH AVE SOUTH #212
NAPLES FL 34102**

7. Name and Address of New Registered Agent

Name **Leonard E Zedek**

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

13790 NW 4th Street Suite 113

City **Sunrise**

FL

Zip Code **33325**

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

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

TITLE **D** ☒ Delete
NAME **PRANGE, AMY K**
STREET ADDRESS **6555 SANDALWOOD LANE**
CITY-ST-ZIP **NAPLES FL 34109**

TITLE **D** ☒ Delete
NAME **KIRCHER, STEPHEN**
STREET ADDRESS **BOYNE MT RD**
CITY-ST-ZIP **BOYNE FALLS MI 49713**

TITLE **D** ☒ Delete
NAME **DEMBECK, ED**
STREET ADDRESS **BOYNE MT RD**
CITY-ST-ZIP **BOYNE FALLS MI 49713**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P D** ☒ Change ☒ Addition
NAME **Leonard Gross**
STREET ADDRESS **13050 BRIDGEFORD AVE**
CITY-ST-ZIP **Bonita Springs FL 33435**

TITLE **T D** ☒ Change ☒ Addition
NAME **ASHLEY Bloom**
STREET ADDRESS **3450 S. Ocean Blvd #405**
CITY-ST-ZIP **Highland Bch FL 33487**

TITLE **S D** ☒ Change ☒ Addition
NAME **EVERLYN RUTH Gregory**
STREET ADDRESS **1680 NW 1st Ave**
CITY-ST-ZIP **Pompano Bch FL 33060**

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

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

TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED EVERLYN RUTH Gregory 4/15/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E037 (10/02)