

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N98000006635**

1. Entity Name

THE HARBOUR CLUB AT LIGHTHOUSE BAY, INC.

Principal Place of Business

8001 COCONUT RD
BONITA SPRINGS FL 34135

Mailing Address

8001 COCONUT RD
BONITA SPRINGS FL 34135

2. Principal Place of Business

23750 OLD LIGHTHOUSE RD

3. Mailing Address

23750 OLD LIGHTHOUSE RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

PASSIDOMO, KATHLEEN C
2640 GOLDEN GATE PKWY., STE. #315
NAPLES FL 34105

7. Name and Address of New Registered Agent

Name

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.

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 \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	☐ Delete
NAME	WALLACE, JAMES P	
STREET ADDRESS	8001 COCONUT RD	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	
TITLE	D	☐ Delete
NAME	SVOBODA, JOHN	
STREET ADDRESS	8001 COCONUT RD	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	
TITLE	D	☒ Delete
NAME	TURNER, EUGENE	
STREET ADDRESS	8001 COCONUT RD	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	
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		☒ Change ☐ Addition
NAME		
STREET ADDRESS	23750 OLD LIGHTHOUSE RD	
CITY-ST-ZIP		
TITLE		☒ Change ☐ Addition
NAME		
STREET ADDRESS	23750 OLD LIGHTHOUSE RD.	
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	☐ Change ☒ Addition
NAME	DWIER, EDWARD	
STREET ADDRESS	23750 OLD LIGHTHOUSE RD	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90074 005 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3615607

Applied For

Not Applicable

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

CR2E037 (10/00)