

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90204 029 ****61.25

DOCUMENT # N99000005728

1. Entity Name

TURNBERRY I AT PELICAN SOUND CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

24301 WALDEN CENTER DR., STE. 300
 BONITA SPRINGS FL 34134

24301 WALDEN CENTER DR., STE. 300
 BONITA SPRINGS FL 34134

2. Principal Place of Business

3. Mailing Address

24201 Walden Center Dr

P.O. Box 9709

Suite/Apt. #, etc.

Suite/Apt. #, etc.

206

City & State

Bonita Springs FL

City & State

NAPLES FL

Zip

34134

Zip

34101-9709

Country

4. FEI Number

59-3609718

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HASTINGS, VIVIAN N
 24301 WALDEN CENTER DR., STE. 300
 BONITA SPRINGS FL 34134

Name

Steve Hart Collier Financial

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

4993 East Tamiami Trail

City

NAPLES

Zip Code

FL 34113

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

Steve Hart 4/3/02

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 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	HAYDEN, KENNETH W	
STREET ADDRESS	24301 WALDEN CENTER DR., STE. 300	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE	VSD	<input checked="" type="checkbox"/> Delete
NAME	MERCER, RICHARD	
STREET ADDRESS	24301 WALDEN CENTER DR., STE. 300	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	MULLER, ROBERT	
STREET ADDRESS	24301 WALDEN CENTER DR., STE. 300	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Charles Bishop	
STREET ADDRESS	24201 Walden Center Dr, Suite 206	
CITY-ST-ZIP	Bonita Springs FL 34134	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John Sulentic	
STREET ADDRESS	24201 Walden Center Drive, Suite 206	
CITY-ST-ZIP	Bonita Springs FL 34134	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Barbara Rendinga	
STREET ADDRESS	24201 Walden Center Dr, Suite 206	
CITY-ST-ZIP	Bonita Springs FL 34134	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cameron Moxley	
STREET ADDRESS	24201 Walden Center Dr, Suite 206	
CITY-ST-ZIP	Bonita Springs FL 34134	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	J. Dan Gladney	
STREET ADDRESS	24201 Walden Center Drive, Suite 206	
CITY-ST-ZIP	Bonita Springs, FL 34134	
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, with all other like empowered.

SIGNATURE

Charles Bishop

4/3/02

941-492-0812

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CFR2037 (9/01)