

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2002 8:00 am**  
**Secretary of State**

03-06-2002 90063 028 \*\*\*\*61.25

**DOCUMENT # N51248**

1. Entity Name

**NATURE POINTE HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

1765 OUTRIGGER LANE  
 #14  
 NAPLES FL 34104  
 US

Mailing Address

C/O T. BRIGHT  
 1765 OUTRIGGER LANE  
 NAPLES FL 34104  
 US



2. Principal Place of Business

~~1765 GORDON RIVER DR~~

3. Mailing Address

~~C/O T. BRIGHT~~

Suite, Apt. #, etc.

SUITE 106

City & State

NAPLES FL

Zip

34104

Country

Suite, Apt. #, etc.

SUITE 106

City & State

NAPLES FL

Zip

34104

Country

4. FEI Number

65-0355210

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

KRAUS, CHERYL R  
 1072 GOODLETTE ROAD NORTH  
 NAPLES FL 34102

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 \$61.25

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

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	TANGORRA, JOHN	
STREET ADDRESS	1687 OUTRIGGER LN	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	GERBER, VICTOR	
STREET ADDRESS	1495 OUTRIGGER LN	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	BRIGHT, TREVOR	
STREET ADDRESS	4707 ENTERPRISE AV 5	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	Burne	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1445 GORDON RIVER LN	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Burnett, PATTY	
STREET ADDRESS	1843 GORDON RIVER LN	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WHITE, JOHN	
STREET ADDRESS	4700 CRAYTON CT.	
CITY-ST-ZIP	NAPLES FL 34103	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/02 9412631616

Date

Daytime Phone #

CR2E037 (9/01)