

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 01, 2004 8:00 am**  
**Secretary of State**

04-01-2004 90031 019 \*\*\*\*61.25

**DOCUMENT # N97000002639**

1. Entity Name

**ERMUDA RIDGE CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business

28700-28760 DIAMOND DR.  
BONITA SPRINGS FL 34134

Mailing Address

2335 9TH ST. N. #504  
STE 505  
NAPLES FL 34103

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

**59-3485145**

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

**GULF VIEW PROPERTY MGMT. INC**  
2335 9TH ST N. #504  
STE 505  
NAPLES FL 34103

Name

**Gulf View Property Mgmt, Inc.**  
Street Address (P.O. Box Number is Not Acceptable)  
**2335 9th Street N. Ste. #505**

City

**Naples**

**FL**

Zip Code  
**34103**

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

**Gulf View Property Management, Inc.**

**3-19-04**

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**  
**Due By May 1, 2004**

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 **D** ☐ Delete  
NAME **PAGE, JERRY**  
STREET ADDRESS **28710 DIAMOND DR. #202**  
CITY-ST-ZIP **BONITA SPRINGS FL 34134**

TITLE **VPD** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **HENDRICKS, DOUG**  
STREET ADDRESS **28740 DIAMOND DR. #205**  
CITY-ST-ZIP **BONITA SPRINGS FL 34134**

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

TITLE **TD** ☐ Delete  
NAME **O'KANE, ROBERT**  
STREET ADDRESS **28760 DIAMOND DRIVE # 105**  
CITY-ST-ZIP **BONITA SPRINGS FL 34134**

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

TITLE **TD** ☐ Delete  
NAME **CROWLEY, PAUL**  
STREET ADDRESS **28760 DIAMOND DRIVE # 105**  
CITY-ST-ZIP **BONITA SPRINGS FL 34134**

TITLE **PD** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **28750 Diamond Drive #104**  
CITY-ST-ZIP

TITLE **TD** ☐ Delete  
NAME **IMEMANN, ELKE**  
STREET ADDRESS **28760 DIAMOND DRIVE # 105**  
CITY-ST-ZIP **BONITA SPRINGS FL 34134**

TITLE **SD** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **28720 Diamond Drive #201**  
CITY-ST-ZIP

TITLE ☐ Delete  
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: **Paul H. Crowley** **PAUL H. CROWLEY** **3-29-04** **239-403-7991**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #