

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

02-07-2002 90052 032 ****61.25

DOCUMENT # 766841

1. Entity Name

GULF RIDGE EAST PROPERTY OWNERS ASSOCIATION, INC

Principal Place of Business

Mailing Address

GULF RIDGE EAST SUBDIVISION
 4948 JOEWOOD DR.
 SANIBEL FL 33957
 US

P O BOX 1254
 1619 JACKSON STREET
 SANIBEL FL 33957
 US

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

59-2355120

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

Name

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

City

FL

Zip Code

**HENDERSON, ROBERT P.
 1619 JACKSON STREET
 FORT MYERS FL 33902**

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

DR. PAUL MALI

PRESIDENT

1/22/02

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 **P/T** ☐ Delete
 NAME **MALI, DR. PAUL**
 STREET ADDRESS **638 PEQUOT AVENUE**
 CITY-ST-ZIP **NEW LONDON CO**
Director President and Treasurer

TITLE **D** ☐ Delete
 NAME **WINSTANLEY, DAVID**
 STREET ADDRESS **325 NASHAWATUC RD**
 CITY-ST-ZIP **CONCORD MA**

TITLE **D** ☐ Delete
 NAME **GOLDENBERG, HERB**
 STREET ADDRESS **4949 JOEWOOD DR**
 CITY-ST-ZIP **SANIBEL FL 33957**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☒ Change ☐ Addition
 NAME **PHILIP PUSCHAL**
 STREET ADDRESS **4961 JOEWOOD DR**
 CITY-ST-ZIP **SANIBEL, FL 33957**
Director VICE President & Secretary

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

TITLE ☐ Change ☒ Addition
 NAME **GILES, DR. HARLAN**
 STREET ADDRESS **1321 SAND CASTLE**
 CITY-ST-ZIP **SANIBEL, FL 33957**
Director

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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/02
 Date

941/472-0937
 Daytime Phone #

CR2E037 (9/01)