

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90131 034 ****61.25

DOCUMENT # 766841

1. Entity Name

GULF RIDGE EAST PROPERTY OWNERS ASSOCIATION, INC



Principal Place of Business

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

Mailing Address

**P O BOX 1254
~~1619 JACKSON STREET~~
SANIBEL FL 33957
US**

90012067



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2355120**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PTD** ☐ Delete
NAME **MALI, DR. PAUL**
STREET ADDRESS **638 PEQUOT AVENUE**
CITY-ST-ZIP **NEW LONDON CO**

TITLE **DIRECTOR** ☒ Change ☐ Addition
NAME
STREET ADDRESS **4948 JOEWOOD DR**
CITY-ST-ZIP **SANIBEL FL 33957**

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

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

TITLE **VPSD** ☐ Delete
NAME **PUSCHEL, PHILLIP**
STREET ADDRESS **4961 JOEWOOD DRIVE**
CITY-ST-ZIP **SANIBEL FL 33957**

TITLE **PRESIDENT/TREA/DIRECTOR** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **GILES, DR. HARLAN**
STREET ADDRESS **1321 SAND CASTLE**
CITY-ST-ZIP **SANIBEL FL 33957**

TITLE **VP/SECRETARY/DIRECTOR** ☒ Change ☐ Addition
NAME
STREET ADDRESS **4972 JOEWOOD DR**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **TARBART, RENEE**
STREET ADDRESS **4979 JOEWOOD DR**
CITY-ST-ZIP **SANIBEL FL 33957**

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:

SIGNATURE REQUIRED
PHILLIP PUSCHEL

1/25/03

239 395-1223

CR2E037 (10/02)