

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 30, 2001 8:00 am**  
**Secretary of State**

01-30-2001 90124 029 \*\*\*\*61.25

**DOCUMENT # 767820**

1. Entity Name

**JAMAICA BAY HOMEOWNERS ASSOCIATION OF LEE COUNTY**

Principal Place of Business

64 IMPALA CT  
FT. MYERS FL 33912  
US

Mailing Address

64 IMPALA COURT  
FT. MYERS FL 33912  
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

**59-2253938**

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

**TREGLIA, ANTONETTE A**  
**246 WECUNA DR**  
**FT. MYERS FL 33912**

7. Name and Address of New Registered Agent

Name

**Bernadine Anderson**

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

**2 Palo Court**

City

**Ft. Myers**

**FL**

Zip Code

**33912**

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.

**Bernadine Anderson**

SIGNATURE

*Bernadine Anderson*

**Treasurer**

**1-19-01**

DATE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>TOLSON, JIM</b> <b>216 LITTLE BAY DR</b> <b>FT MYERS FL 33912</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>MARTIN, TOM</b> <b>60 JIMA CT</b> <b>FT MYERS FL 33912</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>FLANAGAN, DORIS</b> <b>23 KANO CT</b> <b>FORT MYERS FL 33912</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>TREGLIA, ANTONETTE A</b> <b>246 WECUNA DR</b> <b>FT. MYERS FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FURBUSH, DAN</b> <b>3 AQUADILLA COURT</b> <b>FT MYERS FL 33912</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HOVIS, MARY</b> <b>6 JARUCO CT</b> <b>FT MYERS FL 33912</b>	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>Boys, Art</b> <b>232 Wecuwa Drive</b> <b>Ft. Myers, FL 33912</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>Treglia, Antonette</b> <b>246 Wecuwa Drive</b> <b>Ft. Myers, FL 33912</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>Rudolph, Herbert</b> <b>19 Ultimo Court</b> <b>Ft. Myers, FL 33912</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>Bernadine Anderson</b> <b>2 Palo Court</b> <b>Ft. Myers, FL 33912</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Wyskochil, Betty</b> <b>6 Aquadilla Court</b> <b>Ft. Myers, FL 33912</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

Continued on P. 2

SIGNATURE:

**BERNADINE ANDERSON**  
*Bernadine Anderson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**TREASURER**

**941-482-4724**

Date Daytime Phone #

CR2E037 (10/00)

Doc# '16'1820

B00/2772

## Jamaica Bay Homeowners Association of Lee County, Inc.

2001 UNIFORM BUSINESS REPORT (UBR)

Page 2 (continued)

EACH OF THE FOLLOWING IS A NEWLY DESIGNATED DIRECTOR OF THE HOMEOWNERS  
ASSOCIATION

Nichols, Jim  
21 Esper Court  
Ft. Myers, FL 33912

Slife, Carol  
39 Esper Court  
Ft. Myers, FL 33912

Helt, Toni  
19 Macoris Court  
Ft. Myers, FL 33912

Cline, Joy  
184 Hasta Court  
Ft. Myers, FL 33912

Lockerman, Tim  
51 Norie Court  
Ft. Myers, FL 33912

Robinson, Flo  
134 Baez Court  
Ft. Myers, FL 33912

Stallmer, Nancy  
35 Pedro Court  
Ft. Myers, FL 33912

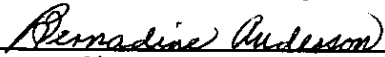
Flanagan, Doris  
53 Macyro Court  
Ft. Myers, FL 33912

Gramer, Vivian  
131 Baez Court  
Ft. Myers, FL 33912

DeJarld, Kenneth  
214 Janico Court  
Ft. Myers, FL 33912

Agresti, Virginia  
29 Hanna Court  
Ft. Myers, FL 33912

Langer, Jim  
38 Umber Court  
Ft. Myers, FL 33912

  
Bernadine Anderson, Treasurer  
1-19-01