

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State
 04-30-2001 90455 015 *****61.25

0004841

DOCUMENT # N000000000684

1. Entity Name

THE SHORES AT GULF HARBOUR II CONDOMINIUM ASSOCI

Principal Place of Business

14100 ROYAL HARBOUR CT.
 FT. MYERS FL 33908

Mailing Address

14100 ROYAL HARBOUR CT.
 FT. MYERS FL 33908

2. Principal Place of Business

3. Mailing Address

3185 Horseshoe Dr. S.

Suite, Apt. #, etc.

City & State

Naples, Florida

Zip

Country

Zip

Country

34104

USA

4. FEI Number

59 367 6602

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

PRICE, R. SCOTT
 2640 GOLDEN GATE PKWY., STE. 115
 NAPLES FL 34105

7. Name and Address of New Registered Agent

Name

James M. Reinders

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

3185 Horseshoe Dr. S.

City

Naples

FL

Zip Code
 34104

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

James M. Reinders

JAMES M. REINDERS

4.3.01

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	D	<input type="checkbox"/> Delete
NAME	BENNETT, DAVID	
STREET ADDRESS	3185 HORSESHOE DR. S.	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE	D	<input type="checkbox"/> Delete
NAME	TAYLOR, MARK S.	
STREET ADDRESS	3185 HORSESHOE DR. S.	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE	D	<input type="checkbox"/> Delete
NAME	WELKS, KAREN E	
STREET ADDRESS	3185 HORSESHOE DR. S.	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE		<input type="checkbox"/> Delete
NAME		
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	James M. Reinders	
STREET ADDRESS	3185 Horseshoe Dr. S.	
CITY-ST-ZIP	Naples, FL 34104	
TITLE	VP, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jan Snider	
STREET ADDRESS	3185 Horseshoe Dr. S.	
CITY-ST-ZIP	Naples, FL 34104	
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kenneth E. Bloom	
STREET ADDRESS	3185 Horseshoe Dr. S.	
CITY-ST-ZIP	Naples, FL 34104	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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

James M. Reinders President

Date

Daytime Phone #

4.3.01 941.649.6310

Ex 214

CR2E037 (10/00)