

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

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90432 017 \*\*\*\*61.25

DOCUMENT # N00000000000684

1. Entity Name

THE SHORES AT GULF HARBOR II  
Condominium Assoc., Inc

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

14100 ROYAL HARBOR CT  
Suite, Apt. #, etc.

3. Mailing Address

3185 HORSESHOE DR S  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

FT MYERS, FL

City & State

NAPLES, FL

4. FEI Number

59-3676602

Applied For

Not Applicable

Zip

33908

Country

USA

Zip

34104

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

JAMES 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FEE IS \$61.25**  
**Initial or Amended UBR**

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	<u>PO</u>
NAME	<u>JAMES REINDERS</u>
STREET ADDRESS	<u>3185 HORSESHOE DR S</u>
CITY-ST-ZIP	<u>NAPLES, FL 34104</u>
TITLE	<u>VP</u>
NAME	<u>JAM SNIDER</u>
STREET ADDRESS	<u>3185 HORSESHOE DR S</u>
CITY-ST-ZIP	<u>NAPLES, FL 34104</u>
TITLE	<u>STD</u>
NAME	<u>Kenneth Bloom</u>
STREET ADDRESS	<u>3185 HORSESHOE DR S</u>
CITY-ST-ZIP	<u>NAPLES, FL 34104</u>
TITLE	<u>D</u>
NAME	<u>ROD MIDDLETON</u>
STREET ADDRESS	<u>PO Box 6017</u>
CITY-ST-ZIP	<u>FT MYERS BCH, FL 33932</u>
TITLE	
NAME	
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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like organizations.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Rod Middleton 4/29/02 (239) 765-5300

CR2E037B (12/01)