# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**May 08, 2002 8:00 am**
**Secretary of State**
05-08-2002 90013 005 ****61.25

DOCUMENT # N00000004269

1. Entity Name

EAGLES NEST AT BONITA BAY CONDOMINIUM ASSOCIATIO N, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 5801 PELICAN BAY BLVD. STE 600<br>NAPLES FL 34108 | 5801 PELICAN BAY BLVD. STE 600<br>NAPLES FL 34108 |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Gulf Breeze Management Services, Inc. | Gulf Breeze Management Services, Inc. |
| Suite, Apt. #, etc.: 27725 Old 41, Suite 104 | Suite, Apt. #, etc.: 27725 Old 41, Suite 104 |
| City & State: Bonita Springs, FL | City & State: Bonita Springs, FL |
| Zip: 34135 Country: USA | Zip: 34135 Country: USA |

4. FEI Number 65-1023067 ☐ 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 |
|---|---|
| QUEMLER, TIMOTHY J<br>5801 PELICAN BAY BLVD, STE 600<br>NAPLES FL 34108 | Name: ESTELLE K. SHIPP<br>Street Address (P.O. Box Number is Not Acceptable): GULF BREEZE MANAGEMENT, INC.<br>27725 OLD 41 SUITE 104<br>City: BONITA SPRINGS FL Zip: 34135 |

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: ESTELLE K. SHIPP — 04/08/02

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 / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>HALLORAN, DANIEL J<br>5801 PELICAN BAY BLVD, STE 600<br>NAPLES FL 34108 | ☒ Delete | P/D<br>GRANT, BRIAN<br>25961 NESTING CT. #202<br>BONITA SPRINGS, FL 34135 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>BEITER, DAN<br>5801 PELICAN BAY BLVD, STE 600<br>NAPLES FL 34108 | ☒ Delete | VP<br>ALYEA, JUDY<br>25901 NESTING CT. # 101<br>BONITA SPRINGS, FL 34135 | ☒ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | STD<br>CLASS, MARIA<br>5801 PELICAN BAY BLVD, STE 600<br>NAPLES FL 34108 | ☒ Delete | STD<br>PETERSON, LEE<br>25970 NESTING CT. # 201<br>BONITA SPRINGS, FL 34135 | ☒ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | D<br>GIRSCH, ROBERT<br>25961 NESTING CT. # 202<br>BONITA SPRINGS, FL 34135 | ☒ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | D<br>KILLIAN, JOHN<br>25961 NESTING CT. # 201<br>BONITA SPRINGS, FL 34135 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |

CR2E037 (9/01)

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:** Brian Grant — BRIAN GRANT — 2/16/02 — (239) 948-8605

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #