

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

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91484 010 ****61.25

DOCUMENT # N00000004269

1. Entity Name

EAGLES NEST AT BONITA BAY CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

**GULF BREEZE MGMT SERVICES INC
27725 OLD 41 STE 104
BONITA SPRINGS FL 34135**

Mailing Address

**GULF BREEZE MGMT SERVICES INC
27725 OLD 41 STE 104
BONITA SPRINGS FL 34135**

2. Principal Place of Business

Gulf Breeze Management Services of SW FL, LLC

3. Mailing Address

Gulf Breeze Management Services of SW FL, LLC

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

**SHIPP, ESTELLE K
GULF BREEZE MGMT INC
27725 OLD 41 STE 104
BONITA SPRINGS FL 34135**

Name: **Weidner, Ralph L.**
Gulf Breeze Management Services of SW FL, LLC

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

Ralph L. Weidner

Ralph L. Weidner

4/24/03

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 **PD** ☐ Delete
NAME **GRANT, BRIAN**
STREET ADDRESS **25961 NESTING CT # 202**
CITY-ST-ZIP **BONITA SPRINGS FL 34135**

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

TITLE **VD** ☐ Delete
NAME **ALYEA, JUDY**
STREET ADDRESS **25901 NESTING CT # 101**
CITY-ST-ZIP **BONITA SPRINGS FL 34135**

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

TITLE **STD** ☐ Delete
NAME **PETERSON, LEE**
STREET ADDRESS **25970 NESTING CT # 201**
CITY-ST-ZIP **BONITA SPRINGS FL 34135**

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

TITLE **D** ☐ Delete
NAME **GIRSCH, ROBERT**
STREET ADDRESS **25961 NESTING CT # 202**
CITY-ST-ZIP **BONITA SPRINGS FL 34135**

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

TITLE **D** ☒ Delete
NAME **KILLIAN, JOHN**
STREET ADDRESS **25961 NESTING CT # 201**
CITY-ST-ZIP **BONITA SPRINGS FL 34135**

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

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:

Brian Grant
President

3/14/03 630-521-8585

CR2E037 (10/02)