

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 19, 2001 8:00 am**  
**Secretary of State**

07-19-2001 90001 045 \*\*\*\*70.00

0017002

**DOCUMENT # N00000005355**

1. Entity Name

**ARBOR VILLAGE RESIDENTS' ASSOCIATION, INC.**



Principal Place of Business

% GULFSTREAM HOMES, INC.  
 655 COLLIER BLVD.  
 NAPLES FL 34109

Mailing Address

% GULFSTREAM HOMES, INC.  
 655 COLLIER BLVD.  
 NAPLES FL 34109

2. Principal Place of Business

~~9099 The Lane~~  
 Suite, Apt. #, etc.

3. Mailing Address

9099 The Lane  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Naples FL

City & State

Naples FL

4. FEI Number

\* 59-3724423

Applied For

Not Applicable

Zip

34119

Country

USA

Zip

34119

Country

USA

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

KELLY C. PEEL, P.A.

~~6720 LONE OAK BLVD~~ 9099 The Lane  
 NAPLES FL 34109 Naples, FL 34109

Name

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.

SIGNATURE

*[Handwritten Signature]*

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

(NOTE: Registered Agent signature required when reinstating)

*[Handwritten Signature]*

DATE

**FILE NOW: FEE IS \$61.25**  
**After September 12, 2001, min. will be \$236.25**

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: PD  
 NAME: PEEL, MICHAEL J  
 STREET ADDRESS: % GULFSTREAM HOMES, INC., 655 COLLIER BLVD  
 CITY-ST-ZIP: NAPLES FL 34109  Delete

TITLE: VD  
 NAME: PEEL, STEPHEN L  
 STREET ADDRESS: % GULFSTREAM HOMES, INC., 655 COLLIER BLVD  
 CITY-ST-ZIP: NAPLES FL 34109  Delete

TITLE: ~~STD~~  
 NAME: ~~TOTILLO, DANIEL T~~  
 STREET ADDRESS: % GULFSTREAM HOMES, INC., 655 COLLIER BLVD  
 CITY-ST-ZIP: NAPLES FL 34109  Delete

TITLE:   
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:  Delete

TITLE:   
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:  Delete

TITLE:   
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:  Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE:  Change  Addition  
 NAME:   
 STREET ADDRESS: 90 Gulfstream Homes 9099 14135 Collier Blvd  
 CITY-ST-ZIP: Naples FL 34119

TITLE:  Change  Addition  
 NAME:   
 STREET ADDRESS: 9099 The Lane  
 CITY-ST-ZIP: Naples FL 34119

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

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

TITLE:  Change  Addition  
 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 I am empowered.

SIGNATURE:

*[Handwritten Signature]* President

7/10/01 941-4554363

CR2E037 (5/01)