

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2002 8:00 am
Secretary of State

02-24-2002 90023 044 ****61.25

DOCUMENT # N00000005355

1. Entity Name

ARBOR VILLAGE RESIDENTS' ASSOCIATION, INC.

Principal Place of Business

9099 THE LANE
 NAPLES FL 34119

Mailing Address

9099 THE LANE
 NAPLES FL 34119

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3724423**

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

KELLY C. PEEL, P.A.
9099 THE LANE
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

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

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

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

TITLE **Director** ☐ Delete
 NAME **Renee T. Uhlar**
 STREET ADDRESS **8522 Silk Oak Lane**
 CITY-ST-ZIP **Naples FL 34119**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

PD ☒ Change ☐ Addition
 NAME **Peel Michael J**
 STREET ADDRESS **% Gulfstream Homes 14135 Collier Blvd**
 CITY-ST-ZIP **Naples FL 34119**

VD ☒ Change ☐ Addition
 NAME **Peel Stephen L**
 STREET ADDRESS **% Gulfstream Homes 14135 Collier Blvd**
 CITY-ST-ZIP **Naples FL 34119**

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

Director ☐ Change ☒ Addition
 NAME **Renee T. Uhlar**
 STREET ADDRESS **8522 Silk Oak Lane**
 CITY-ST-ZIP **Naples FL 34119**

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

☐ 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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/02 9414554367
 Date Daytime Phone #

CR2E037 (9/01)