

2001 UNIFORM BUSINESS REPORT (UBR)

3/1

FILED
Apr 30, 2001 8:00 am
Secretary of State

03-08-2001 90062 035 *****50.00
04-30-2001 90122 017 *****11.25

DOCUMENT # N00000007488

1. Entity Name

TRANQUILITY BAY DEVELOPMENT PROPERTY OWNERS ASSO

Principal Place of Business

Mailing Address

5001 TRANQUILITY BAY DR
BOKEELIA FL 33922

5001 TRANQUILITY BAY DR
BOKEELIA FL 33922

2. Principal Place of Business

3. Mailing Address

28000 SPANISH WELLS

Suite, Apt. #, etc.

Suite, Apt. #, etc.

BLVD.

City & State

City & State

BONITA SPRINGS FL

Zip

Country

Zip

Country

34135

USA

4. FEI Number

65-1054119

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

HARTSELL, STSVEN C
1833 HENDRY ST
FT MYERS FL 33901

Name

JAMES W. AMBURN

Street Address (P.O. Box Number is Not Acceptable)

28000 SPANISH WELLS BLVD.

City

BONITA SPRINGS

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEES ARE \$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 ☐ Delete
NAME DP
STREET ADDRESS ECKERMANN, JOERNN
CITY-ST-ZIP 5001 TRANQUILITY BAY DR
BOKEELIA FL 33922

TITLE ☒ Delete
NAME DST
STREET ADDRESS REIFFERS, PAUL
CITY-ST-ZIP 5001 TRANQUILITY BAY DR
BOKEELIA FL 33922

TITLE ☐ Delete
NAME DV
STREET ADDRESS ECKERMANN, IMKE
CITY-ST-ZIP 5001 TRANQUILITY BAY DR
BOKEELIA FL 33922

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☒ Change ☐ Addition
NAME D.P.T.
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☒ Change ☐ Addition
NAME V.S.D.
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME DST
STREET ADDRESS PAUL G. REIFFERS
CITY-ST-ZIP STRETHAM MANOR
HENFIELD W. SUSSE X BNS 9VJ

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 like empowered.

SIGNATURE:

SIGNATURE REQUIRED
Joernn Eckermann

3-1-01

941-992-3355

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)