

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000007488

1. Entity Name

TRANQUILITY BAY DEVELOPMENT PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

5001 TRANQUILITY BAY DR  
BOKEELIA FL 33922

Mailing Address

28000 SPANISH WELLS BLVD  
BONITA SPRINGS FL 34135  
US

2. Principal Place of Business

4901 Tamiami Trail N.

Suite, Apt. #, etc.

3. Mailing Address

4901 Tamiami Trail N.

Suite, Apt. #, etc.

City & State

Naples, FL

City & State

Naples, FL

4. FEI Number

65-1054119

Applied For

Not Applicable

Zip

34103

Country

Collier

Zip

34103

Country

Collier

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

AMBURN, JAMES W  
28000 SPANISH WELLS BLVD  
BONITA SPRINGS FL 34135

7. Name and Address of New Registered Agent

Name  
U.S. Investor Services, Inc.  
Street Address (P.O. Box Number is Not Acceptable)  
4901 Tamiami Trail North  
City  
Naples FL Zip Code  
34103

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]*

R. F. Thaut

1-11-02

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

TITLE	DPT	<input type="checkbox"/> Delete
NAME	ECKERMANN, JOERNN	
STREET ADDRESS	5001 TRANQUILITY BAY DR	
CITY-ST-ZIP	BOKEELIA FL 33922	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	ECKERMANN, IMKE	
STREET ADDRESS	5001 TRANQUILITY BAY DR	
CITY-ST-ZIP	BOKEELIA FL 33922	
TITLE	DST	<input type="checkbox"/> Delete
NAME	REIFERS, PAUL G	
STREET ADDRESS	STRETHAM MANOR	
CITY-ST-ZIP	HENFIELD, W SUSSEX, UK BN-59Y3	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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]* REQUIERED

1-11-02

941-213-4000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)

FILED  
Jan 29, 2002 8:00 am  
Secretary of State

01-29-2002 90075 043 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE