

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2002 8:00 am**  
**Secretary of State**

03-06-2002 90028 039 \*\*\*\*61.25

**DOCUMENT # N00537**

1. Entity Name

**THE HARBOR CLUB OF BONITA SPRINGS, INC.**

Principal Place of Business

Mailing Address

**26230 IMPERIAL HARBOR BLVD  
 BONITA SPRINGS FL 34135  
 US**

**26230 IMPERIAL HARBOR BLVD  
 BONITA SPRINGS FL 34135**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2341673**

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

**DUMPMAN, C. ARTHUR  
 9291 PITT RD  
 BONITA SPRINGS FL 34135**

Name **Suzanne Schadd**

Street Address (P.O. Box Number is Not Acceptable)  
**26326 Imperial Harbor 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 **Suzanne Schadd, Treasurer**

**2-18-02**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☒ Delete  
 NAME **IMMKEN, ANTHONY**  
 STREET ADDRESS **26260 COLONY RD**  
 CITY-ST-ZIP **BONITA SPRINGS FL 34135**

TITLE **P** ☒ Change ☐ Addition  
 NAME **Frances Skinner**  
 STREET ADDRESS **26101 Colony Road**  
 CITY-ST-ZIP **Bonita Springs, Fla. 34135**

TITLE **VP** ☒ Delete  
 NAME **MASON, PHYLLIS**  
 STREET ADDRESS **9297 BARON ROAD**  
 CITY-ST-ZIP **BONITA SPRINGS FL 34135**

TITLE **VP** ☒ Change ☐ Addition  
 NAME **Jerry Foos**  
 STREET ADDRESS **26060 Kings Road**  
 CITY-ST-ZIP **Bonita Springs, Fla. 34135**

TITLE **D** ☒ Delete  
 NAME **SINGLETON, NORMA**  
 STREET ADDRESS **26171 PRINCESS LANE**  
 CITY-ST-ZIP **BONITA SPRINGS FL 34135**

TITLE **D** ☒ Change ☐ Addition  
 NAME **Phyllis Bright**  
 STREET ADDRESS **26063 Countess Lane**  
 CITY-ST-ZIP **Bonita Springs, Fla. 34135**

TITLE **D** ☐ Delete  
 NAME **MARTIN, LORNE**  
 STREET ADDRESS **26143 CABANA ROAD**  
 CITY-ST-ZIP **BONITA SPRINGS FL 34135**

TITLE **T** ☒ Change ☐ Addition  
 NAME **Suzanne Schadd**  
 STREET ADDRESS **26326 Imperial Harbor Blvd.**  
 CITY-ST-ZIP **Bonita Sprngs, Fla. 34135**

TITLE **T** ☒ Delete  
 NAME **SKINNER, FRANCES M**  
 STREET ADDRESS **26101 COLONY RD**  
 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:

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-18-02**

Date

Daytime Phone #

CR2E037 (9/01)