

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90424 035 \*\*\*\*\*61.25

**DOCUMENT # N02000000427**

1. Entity Name

**THE RESERVE AT BANYAN WOODS CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business

~~5811 PELICAN BAY BLVD., STE. 208~~  
~~NAPLES FL 34108~~

Mailing Address

~~5811 PELICAN BAY BLVD., STE. 208~~  
~~NAPLES FL 34108~~

2. Principal Place of Business

**4306 ARNOLD AVE.**

3. Mailing Address

**P.O. Box 110339**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**NAPLES FL**

City & State

**NAPLES FL**

4. FEI Number

**05-0564547**

Applied For

Not Applicable

Zip

**34104**

Country

**US**

Zip

**34108**

Country

**US**

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BARNETT, LISA H.**  
~~CHEFFY PASSIDOMO WILSON & JOHNSON~~  
~~821 5TH AVE. S., STE. 201~~  
~~NAPLES FL 34102~~

7. Name and Address of New Registered Agent

Name **Beverly Kuetter**  
Street Address (P.O. Box Number is Not Acceptable)  
**c/o sunburst Mgmt. Corp.**  
**4306 ARNOLD AVE.**  
City **NAPLES** FL Zip Code **34104**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*[Signature]*

**Beverly Kuetter**

**4/10/03**

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

|                |                                             |                                            |
|----------------|---------------------------------------------|--------------------------------------------|
| TITLE          | <del>DP</del>                               | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>COLEMAN, STEPHEN D.</b>                  |                                            |
| STREET ADDRESS | <del>5811 PELICAN BAY BLVD., STE. 208</del> |                                            |
| CITY-ST-ZIP    | <del>NAPLES FL 34108</del>                  |                                            |
| TITLE          | <del>DP</del>                               | <input checked="" type="checkbox"/> Delete |
| NAME           | <del>COLEMAN, MARK</del>                    |                                            |
| STREET ADDRESS | <del>5811 PELICAN BAY BLVD., STE. 208</del> |                                            |
| CITY-ST-ZIP    | <del>NAPLES FL 34108</del>                  |                                            |
| TITLE          | <del>DST</del>                              | <input checked="" type="checkbox"/> Delete |
| NAME           | <del>VIRGA, DONNA</del>                     |                                            |
| STREET ADDRESS | <del>5811 PELICAN BAY BLVD., STE. 208</del> |                                            |
| CITY-ST-ZIP    | <del>NAPLES FL 34108</del>                  |                                            |
| 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          | <b>D.P</b>                    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>MARTIN, Judith</b>         |                                                                              |
| STREET ADDRESS | <b>5001 MAXWELL CIR. #101</b> |                                                                              |
| CITY-ST-ZIP    | <b>NAPLES, FL</b>             |                                                                              |
| TITLE          | <b>DVP</b>                    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>Scoville, Dorothy</b>      |                                                                              |
| STREET ADDRESS | <b>5004 MAXWELL CIR. #101</b> |                                                                              |
| CITY-ST-ZIP    | <b>NAPLES, FL</b>             |                                                                              |
| TITLE          | <b>D.S.T</b>                  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>Otto, Richard</b>          |                                                                              |
| STREET ADDRESS | <b>5005 MAXWELL CIR. #101</b> |                                                                              |
| CITY-ST-ZIP    | <b>NAPLES, FL</b>             |                                                                              |
| 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 |                               |                                                                              |
| 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]* **JUDITH MARTIN**

**4-12-03 239-263-7403**

CR2E037 (10/02)