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

DOCUMENT # N02000009359

1. Entity Name



04-30-2003 90032 003 ****61.25

FILED

C.	BAY H.V. RESURT RESIDENTS	ASSOCIATION, IN		y ,		
Principal Place of Business 19333 SUMMERLIN ROAD FORT MYERS FL 33908		Mailing Address 19333 SUMMERLIN ROAD FORT MYERS FL 33908		11026398		
		r			110 2010 1010 1110 1110 1110 1211 1101	
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FELNumber 36-4517552	Applied For Not Applicable	
Zip	Country	Zip	Country	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		
ANDERSON, EDWIN 19333 SUMMERLIN RD LOT 88 FORT MYERS FL 33908			Street Address	Street Address (P.O. Box Number is Not Acceptable) 19333 SUMMERLIN LOT 611		
8. The above	named entity submits this statement for	the nurpose of changing its re-		ered agent, or both, in the State of Florida.	FL Zip Code 3390 8	
the obligat	tions of registered agent.	the purpose of changing to te	gistored emoc or region	oregungerin, or both, in the otate or honda.	annuar mar, and docopt	
SIGNATURE Low Bowers of About Bowers Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE						
FILE NOW: FEE IS \$61.25 9. Election Campaign Trust Fund Contribut			· · · -		heck Payable to partment of State	
10.	OFFICERS AND DIRE		11.	ADDITIONS/CHANGES TO OFFICERS AN		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(P) THORTON, DAVID 19333 SUMMERLIN RD. LOT 301 FORT MYERS FL 33908	M _Delete →	NAME STREET ADDRESS CITY-ST-ZIP	TORNTON, DAVID 133 SUMMERLIN LOT 3 AT NYELS, FL 33908	DA Change ☐ Addition So (
TITLE	S	Delete	TITLE P		☐ Change 🔀 Addition	
NAME STREET ADDRESS	ANDERSON, EDWIN 19333 SUMMERLIN RD. LOT 88		STREET ADDRESS 19	ARY LAW 333 SUMMERLIN LO	T234	
CITY-ST-ZIP	FORT MYERS FL 33908		CITY-ST-ZIP	AT MAYERS FE 33901	<u>}</u>	
NAME STREET ADDRESS CITY-ST-ZIP		1_I Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	N LINDENIER 133 SUMMERLIN LOT RTMYERS FC 3390	Change 🔀 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE M A 193 FOR	RYLYN SULLIVAN 133 SUMMERUN LOT RTMYERS FL 3390	□ Change 🔊 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE 5	OFD SCHEAF 333 SUMMBRIN LO LTMYERS FL 339	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	:	□ Delete	TITLE D	ORGE GOMINGER 333 SUMMERLIN L RT MYERS FL 3390	☐ Change 【★Addition [

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: LISTED AS CHIEFFEO

239- 437- 4347 586-598-9689