

2002 UNIFORM BUSINESS REPORT (UBR)

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

04-16-2002 90175 009 ****61.25

DOCUMENT # N08716

1. Entity Name

GULF HARBOUR YACHT AND COUNTRY CLUB PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

24301 WALDEN CENTER DR.
 STE 300
 BONITA SPRINGS FL 34134

24301 WALDEN CENTER DR.
 STE 300
 BONITA SPRINGS FL 34134

2. Principal Place of Business

3. Mailing Address

15000 Mcgregor Blvd

15000 Mcgregor Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT. Myers Florida

City & State

FT Myers Florida

Zip

33908

Country

USA

Zip

33908

Country

USA

4. FEI Number

59-2579370

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FLINN, MILT
2020 CLUBHOUSE DRIVE
SUN CITY CENTER FL 33571

7. Name and Address of New Registered Agent

Name *Vivien Hastings*
 Street Address (P.O. Box Number is Not Acceptable)
24301

24301 Walden Center Dr.

City *Bonita Springs*

FL

Zip Code *34134*

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

Vivien Hastings 5-6-02

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	DP	☒ Delete
NAME	HAYDEN, KENNETH	
STREET ADDRESS	24301 WALDEN CTR DR	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE	DST	☒ Delete
NAME	RUSH, DONALD	
STREET ADDRESS	24301 WALDEN CTR DR	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE	D	☒ Delete
NAME	KEPPER, DIANE	
STREET ADDRESS	24301 WALDEN CTR DR	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE	D	☐ Delete
NAME	CUSTER, EUGENE	
STREET ADDRESS	24301 WALDEN CTR DR	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE	VD	☒ Delete <i>OK Do not Delete</i>
NAME	RIPOLL, JOHN	
STREET ADDRESS	15000 MCGREGOR BLVD	
CITY-ST-ZIP	FT MYERS FL 33908	
TITLE	D	☐ Delete
NAME	SHANNEL, JIM	
STREET ADDRESS	24301 WALDEN CTR DR	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	☒ Change ☐ Addition
NAME	MILT FLINN	
STREET ADDRESS	24301 Walden Center Dr.	
CITY-ST-ZIP	Bonita Spring FL 34134	
TITLE	D	☒ Change ☐ Addition
NAME	Renee Tietzenbach	
STREET ADDRESS	24301 Walden Center Dr.	
CITY-ST-ZIP	Bonita Springs FL 34134	
TITLE	DT	☐ Change ☒ Addition
NAME	EARL FREEMAN	
STREET ADDRESS	15000 Mcgregor Blvd	
CITY-ST-ZIP	FT. MYERS FL 33908	
TITLE	DS	☒ Change ☐ Addition
NAME	Diane Keppen	
STREET ADDRESS	15000 Mcgregor Blvd.	
CITY-ST-ZIP	FT. MYERS FL 33908	
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/02

Date

Daytime Phone #

CR2E037 (9/01)