

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

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90069 012 ****61.25

DOCUMENT # N08716

1. Entity Name

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



Principal Place of Business

**15000 MICHIGAN BLVD.
FORT MYERS FL 33908**

Mailing Address

**15000 MICHIGAN BLVD.
FORT MYERS FL 33908**

2. Principal Place of Business

15000 MCGREGOR BLVD

3. Mailing Address

15000 MCGREGOR BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT. MYERS, FL.

City & State

FT. MYERS, FL.

Zip

33908

Country

USA

Zip

33908

Country

USA

6. Name and Address of Current Registered Agent

**HASTINGS, VIVIAN
24301 WALDEN CENTER DRIVE
BONITA SPRINGS FL 34134**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 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 NAME STREET ADDRESS CITY-ST-ZIP	DP FLINN, MILT 24301 WALDEN CENTER DRIVE BONITA SPRINGS FL 34134	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TREFTENBACH, RENEE 24301 WALDEN CENTER DRIVE BONITA SPRINGS FL 34134	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT FREEMAN, EARL 15000 MCGREGOR BLVD. FORT MYERS FL 33908	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS KENPER, DIANE 15000 MCGREGOR BLVD. FORT MYERS FL 33908	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RIPOLL, JOHN 15000 MCGREGOR BLVD FT MYERS FL 33908	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHANNEL, JIM 24301 WALDEN CTR DR BONITA SPRINGS FL 34134	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEITH, SYLVIA 2020 CLUBHOUSE DR. SUN CITY CENTER, FL. 33573	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS TREFENBACH, RENEE 24301 WALDEN CENTER DR. BONITA SPRINGS, FL 34134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KERPER, DIANE 15000 MCGREGOR BLVD FT. MYERS, FL. 33908	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHANEL, JAMES 15000 MCGREGOR BLVD FT. MYERS, FL 33908	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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: *Signature Required*

1-25-03

813-642-1454

CR2E037 (10/02)

Attachment #

ALSO ADD:

D
Eugene Custer
11471 Wellfleet Dr.
Ft. Myers, Fl. 33908

90051038
N08716