

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N34440

1. Entity Name

SEA PINES II AT BAY FOREST CONDOMINIUM ASSOCIATI
ON, INC.

Principal Place of Business

15212 MAJORCA BAY DRIVE
NAPLES FL 34110
US

Mailing Address

15212 MAJORCA BAY DRIVE
NAPLES FL 34410
US

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

65-0246291

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

~~BENDER, LARRY~~

~~15210-1 MAJORCA BAY DRIVE
NAPLES FL 34410~~

Name

Carolyn C. Nielsen

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

~~15186-2 Majorca Bay Dr~~

City

Naples

FL

Zip Code

34110

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

Carolyn C. Nielsen

CAROLYN C. Nielsen (Bookkeeper)

4/23/02

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 PD
NAME TEBOREK, JAMES MR ☐ Delete
STREET ADDRESS 15162-2 MAJORCA BAY DRIVE
CITY-ST-ZIP NAPLES FL 34110

TITLE VD
NAME KANNALLY, JOHN ☐ Delete
STREET ADDRESS 1518-2 MAJORCA BAY DRIVE
CITY-ST-ZIP NAPLES FL 34110

TITLE TD
NAME BENDER, LARRY ☒ Delete
STREET ADDRESS 15210-2 MAJORCA BAY DR
CITY-ST-ZIP NAPLES FL

TITLE SD
NAME DINO, PATRICIA ☐ Delete
STREET ADDRESS 15174-2 MAJORCA BAY DRIVE
CITY-ST-ZIP NAPLES FL 34110

TITLE D
NAME MCMAHON, JAMES ☐ Delete
STREET ADDRESS 15125-1 MAJORCA BAY DRIVE
CITY-ST-ZIP NAPLES FL 34110

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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

Date

Daytime Phone #

CR2E037 (9/01)