

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State
 04-25-2001 90098 019 *****61.25

0005152

DOCUMENT # N96000001275

1. Entity Name

BERMUDA COVE NEIGHBORHOOD ASSOCIATION, INC.

Principal Place of Business

1044 CASTELLO DR
 STE 206
 NAPLES FL 34103
 US

Mailing Address

1044 CASTELLO DR
 STE. 206
 NAPLES FL 34103
 US

2. Principal Place of Business %Gulf Breeze Management Services, Inc.
 27725 Old 41

Suite, Apt. #, etc.
 Suite 104

City & State
 Bonita Springs, FL

Zip Country
 34135 USA

3. Mailing Address %Gulf Breeze Management Services, Inc.
 27725 Old 41

Suite, Apt. #, etc.
 Suite 104

City & State
 Bonita Springs, FL

Zip Country
 34135 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1967835

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

SOUTHWEST PROPERTY MANAGEMENT CORPORATION
 1044 CASTELLO DR
 STE 206
 NAPLES FL 34103

7. Name and Address of New Registered Agent

Name **Shipp, Estelle K.**
Gulf Breeze Management Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)
 27725 Old 41

Suite 104

City
 Bonita Springs

FL

Zip Code
 34135

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

Estelle K. Shipp

Estelle K. Shipp

4/6/01

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 NAME STREET ADDRESS CITY-ST-ZIP	PD IRELAND, EDWIN 26191 ISLE WAY BONITA SPRINGS FL 34134	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PATERSON, ROBERT H 26220 ISLE WAY BONITA SPRINGS FL 34134	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS RAMSDELL, BARRY 26241 ISLE WAY BONITA SPRINGS FL 34134	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GULBERTSON, ROBERT 26160 ISLE WAY BONITA SPRINGS FL 34134	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D Stuhl, Harold 26183 Isle Way Bonita Springs, FL 34134	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D/T	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Robert Gulbertson 26160 Isle Way Bonita Springs, FL 34134	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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:

Robert Gulbertson
Robert Gulbertson

4/13/01 (941) 498-4570
 Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/00)