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

FILED
May 08, 2002 8:00 am
Secretary of State
05-08-2002 90012 023 ****61.25

DOCUMENT # N96000001275

1. Entity Name

BERMUDA COVE NEIGHBORHOOD ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Gulf Breeze Management Services, Inc.	Gulf Breeze Management Services, Inc.
Suite, Apt. #, etc. 27725 Old 41 Suite 104	Suite 104 27725 Old 41
BONITA SPRINGS FL	City & State: Bonita Springs, FL
Zip: 34135 Country: USA	Zip: 34135 Country: 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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: ESTELLE K. SHIPP

Street Address (P.O. Box Number is Not Acceptable): 27725 OLD 41 SUITE 104

c/o GULF BREEZE MANAGEMENT, INC.

City: BONITA SPRINGS FL Zip: 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 04-08-02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25 Initial or Amended UBR

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	P/D
NAME	HAROLD STUHL
STREET ADDRESS	26183 ISLE WAY
CITY-ST-ZIP	BONITA SPRINGS, FL 34134
TITLE	V/P
NAME	ROBERT CULBERSON
STREET ADDRESS	26160 ISLE WAY
CITY-ST-ZIP	BONITA SPRINGS, FL 34134
TITLE	S/T/D
NAME	PAUL NORDIN
STREET ADDRESS	26200 ISLE WAY
CITY-ST-ZIP	BONITA SPRINGS, FL 34134
TITLE	
NAME	
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CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Robert Culberson Robert Culberson 4/8/02 (239) 498-4570

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #