

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N96355004612**

1. Entity Name

Brendan Cove Homeowners' Association, Inc.

Principal Place of Business

26811 SOUTH BAY DR.,
SUITE 240
BONITA SPRINGS FL 34134

Mailing Address

26811 SOUTH BAY DR.,
SUITE 240
BONITA SPRINGS FL 34134

2. Principal Place of Business

26811 SOUTH BAY DR.

3. Mailing Address

26811 SOUTH BAY DR.

Suite, Apt. #, etc.

Suite 240

Suite, Apt. #, etc.

Suite 240

City & State

BONITA SPRINGS FL

City & State

BONITA SPRINGS FL

Zip
34134

Country
Lee

Zip
34134

Country
Lee

REINSTATEMENT

2000-01

4. FEI Number
650749172

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

EMRICH, MICHAEL
2524 SW 45TH ST
CAPE CORAL FL 33914

7. Name and Address of New Registered Agent

Name ROSINUS, FRANZ J

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

26811 SOUTH BAY DR., SUITE 240

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

January 4, 2001

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back)

☐

FILE NOW!! FEES \$15000
AFTER MAY 1, 2000 Fee will be \$650.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PTSD	<input checked="" type="checkbox"/> Delete
NAME	EMRICH, MICHAEL	
STREET ADDRESS	2524 SW 45th ST	
CITY - ST - ZIP	Cape Coral FL 33914	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	FLEISCHNER, GERHARD	
STREET ADDRESS	3918 SE 9TH CT	
CITY - ST - ZIP	CAPE CORAL FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	BROWN, HOMER L	
STREET ADDRESS	25157 GOLFLAKE CIR	
CITY - ST - ZIP	BONITA SPRINGS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTSD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROSINUS, FRANZ	
STREET ADDRESS	25151 Pennyroyal Dr., Bonita Springs,	
CITY - ST - ZIP	FL 34134	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROSINUS, UTE	
STREET ADDRESS	25151 Pennyroyal Dr., Bonita Springs,	
CITY - ST - ZIP	FL 34134	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRAY, PAUL	
STREET ADDRESS	9198 Brendan Preserve Court, Bonita	
CITY - ST - ZIP	Springs, FL 34135	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. 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 807, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

[Signature]

January 4, 2001

Date

Daytime Phone #

KE

CR2934 (9/99)

600003744936-4
-02/21/01-01040-14
****305.25 ****316.25