

2/4/

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2002 8:00 am
Secretary of State

02-04-2002 90115 022 ****61.25

DOCUMENT # N96000006194

1. Entity Name

BULLARD SUBDIVISION HOME OWNERS ASSOCIATION, INC

Principal Place of Business

11550 TAMiami TRAIL EAST
NAPLES FL 34113
US

Mailing Address

11550 TAMiami TRAIL EAST
NAPLES FL 34113
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1834379

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Name

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

City

FL

Zip Code

DURSO, SAMUEL
891 PARTRIDGE COURT
MARCO ISLAND FL 34145

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)

DATE

FILE NOW: FEE IS \$61.259. Election Campaign Financing Trust Fund Contribution. ☐**\$5.00 May Be Added to Fees****Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
 NAME **P** **DURSO, SAMUEL**
 STREET ADDRESS **891 PARTRIDGE COURT**
 CITY-ST-ZIP **MARCO ISLAND FL 34145-5825**

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

TITLE ☐ Delete
 NAME **VD** **CAUGA, ROBERT E**
 STREET ADDRESS **1120 LITTLE NECK LANE CT E-51**
 CITY-ST-ZIP **NAPLES FL 34102**

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

TITLE ☒ Delete
 NAME **V** **BLACKWELL, WES**
 STREET ADDRESS **8705 COLLIER BLVD**
 CITY-ST-ZIP **MARCO ISLAND FL 34145**

TITLE ☒ Change ☒ Addition
 NAME **V** **MARY-ANN DURSO**
 STREET ADDRESS **891 Partridge Court**
 CITY-ST-ZIP **MARCO Island, FL 34145**

TITLE ☐ Delete
 NAME **D** **SCHNEIDER, THOMAS**
 STREET ADDRESS **704 TURKEY OAK LANE**
 CITY-ST-ZIP **NAPLES FL 34108**

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

TITLE ☐ Delete
 NAME **D** **GRANADA, JOSE**
 STREET ADDRESS **831 PARTRIDGE COURT**
 CITY-ST-ZIP **MARCO ISLAND FL 34145**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 or other like empowered.

SIGNATURE:

SIGNATURE REQUIRED: SAMUEL DURSO, P. 1/15/02 (941) 775-0036
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)