## 2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## DOCU

1. Entity Nar

Principal Place of Business

GULF COAST MANAGEMENT SERVICES. INC.

SUNSET



**FILED** Apr 17, 2003 8:00 am Secretary of State

04-17-2003 90206 044 \*\*\*\*61.25

| MENT # <b>N980000349</b> 6                |  |
|---|--|
| CAY VILLAS V CONDOMINIUM ASSOCIATION, INC |  |

Mailing Address

GULF COAST MANAGEMENT SERVICES, INC.

| 0060 AMBERN<br>FT MYERS FL  | NOOD ROAD. SUITE 4<br>33913   | 10060 AMBERWOOD ROAD. S<br>FT MYERS FL 33913            | SUITE 4  | <br>                           | 11 <b>6</b> 1 (2017 <b>20</b> 17) <b>25</b> 11/ <b>28</b> 711 | 1 <b>86</b> 141 <b>88</b> 266 11114 <b>8</b> 1818 1 <b>2</b> | 11 <b>0 0</b> 211 1 <b>30</b> 1 |
|---|---|---|--|--------------------------------|---|--|---------------------------------|
| Suite, Apt.   | Place of Business Bad Eage Dr   | Suite, Apt. #, etc.                                     | 1 Eagle D  | <u> </u>                       |   |  |                                 |
| ouite, Apt.   | #, etc.   :   | Suite, Apr. #, etc.                                     |  | <b>F</b>                       | CHECK HERE IF M   | MAKING CHANGES   |                                 |
| NO WESTA  | o Island, FL  | MORO BIO  | und, FL  | 4. FEI Number 60               | 5-0996809   | <del> </del>   | pplied For<br>at Applicable     |
| 3414  | 15 USA  | 34145   | CSYA   | 5. Certificate of St           |   | S8.75 Add<br>Fee Require                                     |                                 |
|   | 6. Name and Address of Current R  | legistered Agent  |  | 7. Name and Add                | Iress of New Regis  | tered Agent  |                                 |
|   | MANAGEMENT<br>DEAGLE DR   | والمستريق والمستريق والمستريق والمستريق                 | Street Address   | is (P.O. Box Number is N       | Vot Acceptable)   |  | <u></u>                         |
|   | SLAND FL 34145  |   | 110  | 4 N.COI                        | ier. Bli  | vd   |                                 |
|   |   |   | cityMar  | COISIa                         | nd  | FL 200   | 170                             |
|   | named entity submits this statement for tions of registered agent.  | the urpose of changing its re                           | gistered office or regist  | tered agent, or both, in       | the State of Florida.   | . I am familiar with,  | and accept                      |
|   | ions of registered agent.   | 1 1   | T  | <i>~</i> -                     | )   | , ,  |                                 |
| ine obligat   |   |   |  |                                |   |  |                                 |
| ine obligat<br>. SIGNATURE  | Mome 3  | Neway .   | <u>Emre</u>  | 6 Over                         | <u>x/                                    </u>                 | 4/14/02  |                                 |
| •   | Signature, typed or printed name of registered age and  | 7 474-14  | Registered Agent signature requi   | ired when reinstating)         | <u> </u>  | 4/14/03  |                                 |
| •   | Signature, typed or printed name of registered agelst an  | nd (tile if applicable. NOTE: R                         |  |                                | <u> </u>  | 9/14/03<br>DATE: 12 DE                                       |                                 |
| SIGNATURE .   | Signature, typed or printed name of registered agent an   | 7 474-14  | paign Financing  | \$5.00 May Be Added to Fees    |   | Check Payable Department of S                                |                                 |
| SIGNATURE .   | FILE NOW: FEE IS \$61.25  | 9. Election Camp<br>Trust Fund Cor                      | paign Financing  | \$5.00 May Be<br>Added to Fees | Florida D   | Department of S  | State                           |
| GIGNATURE .   | FILE NOW: FEE IS \$61.25  OFFICERS AND DIRE   | 9. Election Camp<br>Trust Fund Cor                      | ealgn Financing  | \$5.00 May Be                  | Florida D   | Department of S  | State                           |
| IO.   | FILE NOW: FEE IS \$61.25  OFFICERS AND DIRE  D COX, TODD  | 9. Election Camp Trust Fund Cor                         | paign Financing ntribution.   11.  TITLE NAME  | \$5.00 May Be<br>Added to Fees | Florida D   | Department of S  | 10                              |
| IO. ITLE IAME TREET ADDRESS   | OFFICERS AND DIRE  OFFICERS AND DIRE  COX, TODD  170 NEWPORT DRIVE, #7  | 9. Election Camp Trust Fund Cor                         | paign Financing ntribution.   11.  TITLE NAME STREET ADDRESS   | \$5.00 May Be<br>Added to Fees | Florida D   | Department of S  | 10                              |
| IO.   | FILE NOW: FEE IS \$61.25  OFFICERS AND DIRE  D COX, TODD  | 9. Election Camp<br>Trust Fund Cor                      | paign Financing ntribution.   11.  TITLE NAME  | \$5.00 May Be<br>Added to Fees | Florida D   | Department of S  | 10 Addition                     |
| IO. IITLE IAME TREET ADDRESS ITY-ST-ZIP   | OFFICERS AND DIRE  OFFICERS AND DIRE  COX, TODD  170 NEWPORT DRIVE, #7  NAPLES FL 34114  D  HORNING, JERRY  | 9. Election Camp Trust Fund Cor                         | paign Financing ntribution.   11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP   | \$5.00 May Be<br>Added to Fees | Florida D   | Department of S  | 10                              |
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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.

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Delete

3-6-03

CR2E037 (10/02)

☐ Change

Addition