

2000 UNIFORM BUSINESS REPORT (UBR)

4/1'

FILED

May 17, 2000 8:00 am
Secretary of State

04-17-2000 90023 001 ****61.25

DOCUMENT # N98000005816

1. Entity Name

GUILFORD ESTATES HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

DONALD L. ARNOLD
1361 AIRPORT ROAD NORTH
NAPLES FL 34104

Mailing Address

DONALD L. ARNOLD
1361 AIRPORT ROAD NORTH
NAPLES FL 34104-3315

2. Principal Place of Business

1100 Commercial Blvd

Suite, Apt. #, etc.

#118

City & State

Naples FL

Zip

34104

Country

USA

3. Mailing Address

1100 Commercial Blvd

Suite, Apt. #, etc.

#118

City & State

Naples FL

Zip

34104

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3579264

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ARNOLD, DONALD L
1361 AIRPORT ROAD NORTH
NAPLES FL 34104

7. Name and Address of New Registered Agent

Name

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

1100 Commercial Blvd #118

City

Naples

FL

Zip Code

34104

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 \$61.25

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 **DP** ☐ Delete
NAME **ARNOLD, DONALD L**
STREET ADDRESS **1361 AIRPORT ROAD NORTH**
CITY-ST-ZIP **NAPLES FL 34104**

TITLE **DV** ☐ Delete
NAME **WRIGHT, TAM**
STREET ADDRESS **1361 AIRPORT ROAD NORTH**
CITY-ST-ZIP **NAPLES FL 34104**

TITLE **DST** ☒ Delete
NAME **CADENHEAD, ROBERT**
STREET ADDRESS **1361 AIRPORT ROAD NORTH**
CITY-ST-ZIP **NAPLES FL 34104**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Change ☐ Addition
NAME **1100 Commercial Blvd #118**
STREET ADDRESS **Naples, FL 34104**
CITY-ST-ZIP

TITLE **D** ☒ Change ☐ Addition
NAME **1100 Commercial Blvd #118**
STREET ADDRESS **Naples, FL 34104**
CITY-ST-ZIP

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

TITLE **Dean Arnold - D** ☐ Change ☒ Addition
NAME **1100 Commercial Blvd #118**
STREET ADDRESS **Naples, FL 34104**
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-00

Date

941-643-6383

Daytime Phone #

CR2E037 (9/99)