

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

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90269 040 ****61.25

DOCUMENT # N98000005816

1. Entity Name
GUILFORD ESTATES HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

~~1400 COMMERCIAL BLVD~~
~~#118~~
~~NAPLES FL 34104~~

Mailing Address

~~1400 COMMERCIAL BLVD~~
~~#118~~
~~NAPLES FL 34104~~

2. Principal Place of Business

3073 SOUTH HORSESHOE DRIVE
SUITE 118
NAPLES, FLORIDA 34104

3. Mailing Address

3073 SOUTH HORSESHOE DRIVE
SUITE 118
NAPLES, FLORIDA 34104



☐ CHECK HERE IF MAKING CHANGES

City

Country

Zip

Country

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
1400 COMMERCIAL BLVD #118
NAPLES FL 34104

7. Name and Address of New Registered Agent

Name
3073 SOUTH HORSESHOE DRIVE
Street Address (P.O. Box, Home Address)
SUITE 118
NAPLES, FLORIDA 34104
City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/10/03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	ARNOLD, DONALD L	
STREET ADDRESS	1400 COMMERCIAL BLVD #118	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE	DV	<input type="checkbox"/> Delete
NAME	WRIGHT, TAM	
STREET ADDRESS	1400 COMMERCIAL BLVD #118	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE	DT	<input type="checkbox"/> Delete
NAME	ARNOLD, DEAN A	
STREET ADDRESS	1400 COMMERCIAL BLVD #118	
CITY-ST-ZIP	NAPLES FL 34104	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	3073 SOUTH HORSESHOE DRIVE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUITE 118	
STREET ADDRESS	NAPLES, FLORIDA 34104	
CITY-ST-ZIP		
TITLE	3073 SOUTH HORSESHOE DRIVE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUITE 118	
STREET ADDRESS	NAPLES, FLORIDA 34104	
CITY-ST-ZIP		
TITLE	3073 SOUTH HORSESHOE DRIVE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUITE 118	
STREET ADDRESS	NAPLES, FLORIDA 34104	
CITY-ST-ZIP		
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		

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

3/10/03

Date

Daytime Phone #

CR2E037 (10/02)