

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90092 019 ****61.25

DOCUMENT # N99000005681

1. Entity Name

GLEN EDEN ON THE BAY HOMEOWNERS' ASSOCIATION, IN

Principal Place of Business

Mailing Address

14510 VANDERBILT DR.
 NAPLES FL 34110

14510 VANDERBILT DR.
 NAPLES FL 34110

950932



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

c/o WBG
 3461 Bonita Bay Blvd

c/o WBG
 3461 Bonita Bay Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#101

#101

City & State

City & State

Bonita Springs, FL

Bonita Springs, FL

4. FEI Number

59-3612202

Applied For

Not Applicable

Zip

Country

Zip

Country

34134

USA

34134

USA

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

NAPLES-LAWDOCK, INC.
 4501 TAMAMI TRAIL NORTH, STE. 300
 NAPLES FL 34103

Name: Robert Bachman

Street Address (P.O. Box Number is Not Acceptable)
 27800 Old 41 Road

City: Bonita Springs FL Zip Code: 34135

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

Robert Bachman

4/11/01

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	PD KINSELLA, GARY K	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	14510 VANDERBILT DR.	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE NAME	VD KINSELLA, SUSAN L	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	14510 VANDERBILT DR.	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE NAME	STD FISHER, JOHN J	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	14510 VANDERBILT DR.	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	DP Warfel, Damon	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	14510 Vanderbilt Dr	
CITY-ST-ZIP	Naples, FL 34110	
TITLE NAME	ST George, Dan	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	14510 Vanderbilt Dr	
CITY-ST-ZIP	Naples, FL 34110	
TITLE NAME	D Warfel, Nanette	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	14510 Vanderbilt Dr	
CITY-ST-ZIP	Naples, FL 34110	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

Robert Bachman

4-12-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)