

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

FILED
Jul 10, 2002 8:00 am
Secretary of State

07-10-2002 90183 028 ****61.25

DOCUMENT # *N 9900000 5681*

1. Entity Name

Glen Eden on the Bay Homeowners Assoc

DO NOT WRITE IN THIS SPACE

B0128122

2. Principal Place of Business

c/o R+P Property Mgmt

Suite, Apt. #, etc.

265 Airport Road S

City & State

Naples FL

Zip

34104

Country

USA

3. Mailing Address

c/o R+P Property Mgmt

Suite, Apt. #, etc.

265 Airport Road S

City & State

Naples FL

Zip

34104

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3612202

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

c/o R+P Property Management

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

265 Airport Road S

City

Naples

FL

Zip Code

34104

**DO NOT WRITE
IN THIS SPACE**

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] V.P.

(NOTE: Registered Agent Signature required when reinstating)

7/2/02

DATE

FEE IS \$61.25
Initial or Amended UBR

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	<i>President</i>
NAME	<i>Damon Warfel</i>
STREET ADDRESS	<i>14510 Vanderbilt Drive</i>
CITY-ST-ZIP	<i>Naples FL 34110</i>
TITLE	<i>Vice President</i>
NAME	<i>Nanette Warfel</i>
STREET ADDRESS	<i>14510 Vanderbilt Drive</i>
CITY-ST-ZIP	<i>Naples FL 34110</i>
TITLE	<i>Treasurer</i>
NAME	<i>Dan George</i>
STREET ADDRESS	<i>14510 Vanderbilt Drive</i>
CITY-ST-ZIP	<i>Naples FL 34110</i>
TITLE	
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IN THIS SPACE**

CR2E037B (12/01)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowerments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Signature] V.P.

7/2/02