

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000093397

1. Entity Name

GULF HARBOUR MANAGEMENT ASSOCIATION, INC.

FILED

May 16, 2000 8:00 am  
Secretary of State

05-16-2000 90035 050 \*\*\*150.00

Principal Place of Business

Mailing Address

2020 CLUBHOUSE DR.  
SUN CITY CENTER FL 33573

% ROBERT E GREENE, FLORIDA LIFESTYLE MGMT.  
1904 CLUBHOUSE DRIVE  
SUN CITY CENTER FL 33573-5912

2. Principal Place of Business

24301 Walden Center Drive  
Suite, Apt. #, etc.  
Suite 300

3. Mailing Address

24301 Walden Center Drive  
Suite, Apt. #, etc.  
Suite 300

City & State  
Bonita Springs, FL

City & State  
Bonita Springs, FL

4. FEI Number 59-3326581

Applied For  
Not Applicable

Zip 34134 Country USA

Zip 34134 Country 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

BEYER, B.C. JR  
2020 CLUBHOUSE DR.  
SUN CITY CENTER FL 33573

Name JAMES D. CULLEN  
Street Address (P.O. Box Number is Not Acceptable)  
24301 WALDEN CENTER DR.  
City BONITA SPRINGS FL Zip Code 34134

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 James D Cullen JAMES D Cullen 26 April 00  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2000 Fee will be \$550.00  
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME FLINN, MILTON  
STREET ADDRESS 2020 CLUBHOUSE DR.  
CITY-ST-ZIP SUN CITY CENTER FL 33573 ☐ Delete

TITLE PD  
NAME Flinn, Milton  
STREET ADDRESS 24301 Walden Center Drive  
CITY-ST-ZIP Bonita Springs, FL 34134 ☒ Change ☐ Addition

TITLE SD  
NAME TIM OAK  
STREET ADDRESS 15000 MCGREGOR BLVD  
CITY-ST-ZIP FT MYERS FL 33955 ☐ Delete

TITLE SD  
NAME Oak, Tim  
STREET ADDRESS 24301 Walden Center Drive  
CITY-ST-ZIP Bonita Springs, FL 34134 ☒ Change ☐ Addition

TITLE VD  
NAME BEYER, R.C. JR  
STREET ADDRESS 2020 CLUBHOUSE DR.  
CITY-ST-ZIP SUN CITY CENTER FL 33573 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Tim Oak  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/00 941-947-2600  
Date Daytime Phone #

CR2E034 (9/99)