2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 748613

VILLAS OF BONNIE BAY HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

i inicipai i lace		Mailing Address					
6456 BONNIE BAY CIRCLE PINELLAS PARK FL 34665-4811		6456 BONNIE BAY CIRCLE PINELLAS PARK FL 34665-4811					
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2. Principal Pl	lace of Business	3. Mailing Address					
		P. O. Box 1248				 	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
City & State	2	City & State					
Oily & State		City & State Pinellas Pa	rk, FL	4. FEI Number	59-1961304	— — — ···	plied For t Applicable
33781-	Country 4811	Zip 33780-1248	Country	5. Certificate of	Status Desired	\$8.75 Add	litional
6. Name and Address of Current F			1	7. Name and A	7. Name and Address of New Registered Agent		<u> </u>
			Name		- Indian registered	- Agent	
MUCUEV	WILLIAM E		Street A	ddress (P.O. Box Number	is Not Acceptable)		
MCGOEY, WILLIAM F. 6456 BONNIE BAY CIRCLE				- Contract of the Contract of			
	PARK FL 34665-4811						
37781 - 4811		<i>j</i>	City		FL	Zip Cod	1-481
8. The above	named entity submits this statement fo		registered office or	registered agent, or both.		30.0	107
			•	- g,	The state of Florida.		
SIGNATURE.	Signature, typed or printed name of registered agent	and title if applicable (NOT	G. Popistored Agent sincet	ure required when reinstating)			
	- Service of plants of the service o	and the happineaple. (NO)	E. Registered Agent signal	are required when reinstating)	DATE		
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			- Charles at a s				
		9. Election Campaign Trust Fund Contrib		\$5.00 May Be	Make Check		,
	FEE IS \$61.25	9. Election Campaign Trust Fund Contrib		\$5.00 May Be Added to Fees	Make Check Departmen		•
10.		Trust Fund Contrib		Added to Fees	Departmen	t of State	
10.	FEE IS \$61.25	Trust Fund Contrib	oution.	Added to Fees		t of State	110
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12. I hereby certify that the information supplied with this filling 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 reported 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 the empowered.

STREET ADDRESS

SIGNATURE:

6431 BONNIE BAY CIR

PINELLAS PARK FL 33781

STREET ADDRESS

CITY-ST-ZiP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gabriele M. Schneider, 7275440446

FILED

Mar 02, 2001 8:00 am Secretary of State

03-02-2001 90062 045 ****61.25

Daytime Phone #