

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90069 020 ****61.25

310731



DO NOT WRITE IN THIS SPACE

DOCUMENT # 748613
 1. Entity Name
VILLAS OF BONNIE BAY HOMEOWNERS ASSOCIATION, INC

Principal Place of Business Mailing Address
6456 BONNIE BAY CIRCLE **PO BOX 1248**
PINELLAS PARK FL 33781-4811 **PINELLAS PARK FL 33780-1248**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-1961304** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
MCGOEY, WILLIAM F.
6456 BONNIE BAY CIRCLE
PINELLAS PARK FL 33781-4811

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 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.

SIGNATURE _____ (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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HOBBS, BARBARA 6350 BONNIE BAY CIR PINELLAS PARK FL 33781 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ALDRIDGE, LORETTA J 6364 BONNIE BAY CIRCLE PINELLAS PARK FL 33781-4809 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GUYETTE, PETER L 6435 BONNIE BAY CIRCLE PINELLAS PARK FL 33781-4810 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SCHNEIDER, GABRIELE 6460 BONNIE BAY CIRCLE PINELLAS PARK FL 33781 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERGER, SANDRA K 6439 BONNIE BAY CIRCLE PINELLAS PARK FL 33781-4810 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COSTA, DIANE 6431 BONNIE BAY CIR PINELLAS PARK FL 33781 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Bonnie Groves <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6362 Bonnie Bay Cir Pinellas Park, FL 33781

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, is on an attachment with an address with all other like empowered.

SIGNATURE: Gabrielle Schneider 02-28-02 727-544-0446

CR2E037 (9/01)