## **2001 UNIFORM BUSINESS REPORT (UBR)**

## **FILED** Aug 29, 2001 8:00 am E Secretary of State **DOCUMENT # N23829** 1. Entity Name 08-29-2001 90010 047 \*\*\*\*61.25 THE VILLAGE OF SANDELWOOD HOMEOWNERS' ASSOCIATIO Principal Place of Business Mailing Address 9240 BONITA BEACH RD 9420 BONITA BEACH RD **61161**220 STE #1117 STE #1117 BONITA SPRINGS FL 34135 **BONITA SPRINGS FL 34135** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0122799 Not Applicable Zip Country Zip Country \$8.75 Additional П 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WINER. Street Address (P.O. Box Number is Not Acceptable) WINER, STEVE ANNIS, MITCHELL, COCKEY, EDWARDS & ROEHN 12800 UNIVERSITY DR., STE 600 2320 FIRST STREET FT. MYERS FL 33907 Zip Code 33901-3419 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, 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 \$5.00 May Be Make Check Payable to П Trust Fund Contribution. After September 12, 2001, min. will be \$236.25 Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE Change ☐ Addition WENWIESER, DIETER NAME NAME STREET ADDRESS 9240 BONITA BEACH RD #1117 STREET ADDRESS CITY-ST-ZIP **BONITA SPRINGS FL 34135** CITY-ST-7IP ۷Ď TITLE □ Delete TITLE Change ☐ Addition REINERT, KIRT A. NAME NAME 9240 BONITA BEACH RD #1117 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BONITA SPRINGS FL 34135** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition REINERT, PARTICK B. NAME 9240 BONITA BEACH RD #1117 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BONITA SPRINGS FL 34135** CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME

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 of 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 attachmen dress, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP