

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2002 8:00 am
Secretary of State

03-18-2002 90076 042 ****61.25

DOCUMENT # N23829

1. Entity Name

THE VILLAGE OF SANDELWOOD HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

9240 BONITA BEACH RD
 STE #1117
 BONITA SPRINGS FL 34135
 US

9420 BONITA BEACH RD
 STE #1117
 BONITA SPRINGS FL 34135
 US

2. Principal Place of Business

3. Mailing Address

7986 SANDEL WOOD CIRCLE

7986 SANDEL WOOD CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

FORT MYERS, FL

FORT MYERS, FL

City & State

City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0122799

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Zip 33908

Country LEE

Zip 33908

Country LEE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WINER, STEVE
 ROETZEL & ADDRESS
 2320 FIRST STREET
 FORT MYERS FL 33901-3419

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

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 Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	WENWIESER, DIETER	
STREET ADDRESS	9240 BONITA BEACH RD #1117	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	
TITLE	VD	<input type="checkbox"/> Delete
NAME	REINERT, KIRT A.	
STREET ADDRESS	9240 BONITA BEACH RD #1117	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	
TITLE	D	<input type="checkbox"/> Delete
NAME	REINERT, PARTICK B.	
STREET ADDRESS	9240 BONITA BEACH RD #1117	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REINERT PARTICK	
STREET ADDRESS	7986 SANDEL WOOD CIRCLE	
CITY-ST-ZIP	FORT MYERS, FL 33908	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

SIGNATURE:

Patricia B. Reinert D.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5 MARCH 2002

Date Daytime Phone #

CR2E037 (9/01)