

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90135 007 ****61.25

WJ4139

DOCUMENT # N30833

1. Entity Name

MONTARA BONITA BAY ASSOCIATION, INC.

Principal Place of Business

Mailing Address

% THE WARNER CORP
 886 NORTH 110TH AVE #7
 NAPLES FL 34108
 US

% THE WARNER CORP
 886 NORTH 110TH AVE #7
 NAPLES FL 34108
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0165710

Applied For

Not Applicable

Zip

Country

Zip

Country

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

WARNER, BRYAN J.
886 NORTH 110TH AVE
STE 7
NAPLES FL 33963

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 Delete
 NAME **SD**
LOMMEN, LOUISE
 STREET ADDRESS **3338 MONTARA DR**
 CITY-ST-ZIP **BONITA SPRINGS FL 34134**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **PD**
WATSON, JOHN
 STREET ADDRESS **3284 MONTARA DR**
 CITY-ST-ZIP **BONITA SPRINGS FL 34134**

TITLE Change Addition
 NAME **PID**
VOGEL, JOANN
 STREET ADDRESS **3352 Montara Dr**
 CITY-ST-ZIP **Bonita Springs, Fl. 34134**

TITLE Delete
 NAME **D**
CAVALIERE, CHARLES
 STREET ADDRESS **3237 MONTARA DR**
 CITY-ST-ZIP **BONITA SPRINGS FL 34134**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **TD**
HILL, RALPH
 STREET ADDRESS **3330 MONTARA DR**
 CITY-ST-ZIP **BONITA SPRINGS FL 34134**

TITLE Change Addition
 NAME **T/D**
VOGT, CHARLES
 STREET ADDRESS **3300 Montara Dr.**
 CITY-ST-ZIP **Bonita Springs, Fl. 34134**

TITLE Delete
 NAME **D**
WOODWARD, WAYNE
 STREET ADDRESS **3380 MONTARA DR**
 CITY-ST-ZIP **BONITA SPRINGS FL 34134**

TITLE Change Addition
 NAME **VID**
WOODARD, WAYNE
 STREET ADDRESS **3380 Montara Dr.**
 CITY-ST-ZIP **Bonita Springs, Fl. 34134**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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)(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, or on an attachment with an address, with all other like empowered.

SIGNATURE: *JO ANN VOGEL*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 19, 2001 (941) 947-3219
 Date Daytime Phone #

CR2E037 (10/00)