

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 17, 2001 8:00 am**  
**Secretary of State**

0072330

**DOCUMENT # N40099**

1. Entity Name

**THE SANCTUARY AT BONITA BAY HOMEOWNERS' ASSOCIAT**

04-17-2001 90074 008 \*\*\*\*61.25

Principal Place of Business      Mailing Address  
 886 110TH AVE. N. STE. #7      886 110TH AVE. N. STE. #7  
 NAPLES FL 34108      NAPLES FL 34108  
 US      US

2. Principal Place of Business      3. Mailing Address  
 c/o WBG      c/o WBG  
 3461 Bonita Bay Blvd      3461 Bonita Bay Blvd  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 # 101      # 101



DO NOT WRITE IN THIS SPACE

4. FEI Number **31-1337244**      Applied For  
 Not Applicable  
 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 110TH AVE. N., STE. #7  
 NAPLES FL 34108  
 Name **Bob Bachman**  
 Street Address (P.O. Box Number is Not Acceptable)  
 c/o WBG - 27800 Old 41 Road  
 City **Bonita Springs**      FL      Zip Code **34135**

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]*      DATE **4/11/01**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	D	<input checked="" type="checkbox"/> Delete	TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOYLE, RICHARD		NAME	Michael Hanson	
STREET ADDRESS	4296 SANCTUARY WAY		STREET ADDRESS	4276 Sanctuary Way	
CITY-ST-ZIP	BONITA SPRINGS FL 34134		CITY-ST-ZIP	Bonita Springs, FL 34134	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NEAL, DONALD		NAME	Jim Coukos	
STREET ADDRESS	4220 SANCTUARY WAY		STREET ADDRESS	4328 Sanctuary Way	
CITY-ST-ZIP	BONITA SPRINGS FL		CITY-ST-ZIP	Bonita Springs, FL 34134	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MULFORD, MARYANNE		NAME	Ray Cairns	
STREET ADDRESS	4333 SANCTUARY WAY		STREET ADDRESS	4300 Sanctuary Way	
CITY-ST-ZIP	BONITA SPRINGS FL 34134		CITY-ST-ZIP	Bonita Springs, FL 34134	
TITLE		<input type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Lawrence Russell	
STREET ADDRESS			STREET ADDRESS	4200 Sanctuary Way	
CITY-ST-ZIP			CITY-ST-ZIP	Bonita Springs, FL 34134	
TITLE		<input type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Virginia Wennerberg	
STREET ADDRESS			STREET ADDRESS	4205 Sanctuary Way	
CITY-ST-ZIP			CITY-ST-ZIP	Bonita Springs, FL 34134	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:** *[Signature]*      **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (10/00)