

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90270 026 ****61.25

DOCUMENT # N40099

1. Entity Name

THE SANCTUARY AT BONITA BAY HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O WBG
 3461 BONITA BAY BLVD #101
 BONITA SPRINGS FL 34134
 US

C/O WBG
 3461 BONITA BAY BLVD #101
 BONITA SPRINGS FL 34134
 US

B0073825



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

27800 Old 41 Rd.

27800 Old 41 Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Bonita Springs, FL

City & State

Bonita Springs, FL

4. FEI Number

31-1337244

Applied For

Not Applicable

Zip

Country

34135

Zip

Country

34135

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

BACHMAN, BOB
 C/O WBG
 27800 OLD 41 RD
 BONITA SPRINGS FL 34135

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

X Robert Bachman

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/10/02

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	D	<input type="checkbox"/> Delete
NAME	RUSSELL, LAWRENCE	
STREET ADDRESS	4200 SANCTUARY WAY	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE	D	<input type="checkbox"/> Delete
NAME	WENNERBERG, VIRGINIA	
STREET ADDRESS	4205 SANCTUARY WAY	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE	P	<input type="checkbox"/> Delete
NAME	HANSON, MICHAEL	
STREET ADDRESS	4276 SANCTUARY WAY	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE	T	<input type="checkbox"/> Delete
NAME	COUKOS, JIM	
STREET ADDRESS	4328 SANCTUARY WAY	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	CAIRNS, RAY	
STREET ADDRESS	4300 SANCTUARY WAY	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAUL JONES	
STREET ADDRESS	4201 SANCTUARY WAY	
CITY-ST-ZIP	BONITA SPRING, FL 34134	
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)(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:

X [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/02

Date

239-947-9283

Daytime Phone #

CR2E037 (9/01)