

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90033 018 ****61.25

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DOCUMENT # N40831

1. Entity Name

WATERFORD AT BONITA BAY ASSOCIATION, INC.

Principal Place of Business

~~3401 BONITA BAY BLVD~~
~~STE 107~~
 BONITA SPRINGS FL 34134
 US

Mailing Address

~~3401 BONITA BAY BLVD~~
~~STE 107~~
 BONITA SPRINGS FL 34134
 US

00036683



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3331 Glencairn Court
 Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 1104
 Suite, Apt. #, etc.

City & State

City & State
Estero, FL

4. FEI Number

65-0247860

Applied For

Not Applicable

Zip

Country

Zip
33928-1104

Country

US

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

~~BECHMAN, ROBERT~~
~~27800 OLD 41 RD~~
~~BONITA SPRINGS FL 34134~~

7. Name and Address of New Registered Agent

Name **Steven A. Chamberlain**
 Street Address (P.O. Box Number is Not Acceptable)
20780 Pine Tree Lane
 City **Estero** FL Zip Code **33928**

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 *Steven A. Chamberlain* **Steven A. Chamberlain** **4-10-01**
 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GOULD, JOHN 3320 GLENCAIRN CT., #101 BONITA SPRINGS FL 34134	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SYKES, JIM 3301 GLENCAIRN CT #102 BONITA SPRINGS FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LEDY, SCOTT 3311 GLENCAIRN COURT, #101 BONITA SPRINGS FL 34134	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WALKER, CAL 3301 GLENCAIRN CT #203 BONITA SPRINGS FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GESMUNDO, GINNY 3361 GLENCAIRN COURT, #104 BONITA SPRINGS FL 34134	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GROWNEY, DOROTHY 3311 GLENCAIRN CT. #203 BONITA SPRINGS, FL 34134	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SIT/D	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEIDEMANN, BOB 3320 GLENCAIRN CT. #202 BONITA SPRINGS, FL 34134	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: *JAMES DISAKES* **JAMES DISAKES** **4-10-01** **(941) 947-9322**

CR2E037 (10/00)