

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N40831

1. Entity Name

WATERFORD AT BONITA BAY ASSOCIATION, INC.

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90358 007 ****70.00

Principal Place of Business

Mailing Address

3331 GLENCAIRN COURT
 BONITA SPRINGS FL 34134
 US

PO BOX 1104
 ESTERO FL 33928-1104
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0247860**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHAMBERLAIN, STEVEN A
 2070 PINE TREE LANE
 ESTERO FL 33928

Name

Street Address (P.O. Box Number is Not Acceptable)

23429 Slash Pine Court

City **Bonita Springs**

FL

Zip Code **34134**

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)

3/29/02

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** ☐ Delete
 NAME **SYKES, JIM**
 STREET ADDRESS **3301 GLENCAIRN CT #102**
 CITY-ST-ZIP **BONITA SPRINGS FL**

TITLE **P/D** ☒ Change ☐ Addition
 NAME **BRADY, JERRY**
 STREET ADDRESS **3320 Glencairn Ct. #204**
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **GROWNEY, DOROTHY**
 STREET ADDRESS **3311 GLENCAIRN COURT #203**
 CITY-ST-ZIP **BONITA SPRINGS FL 34134**

TITLE **S/D** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PD** ☐ Delete
 NAME **WALKER, GAIL**
 STREET ADDRESS **3301 GLENCAIRN CT #208**
 CITY-ST-ZIP **BONITA SPRINGS FL**

TITLE **VP/D** ☒ Change ☐ Addition
 NAME **KEMPER, ROGER**
 STREET ADDRESS **3321 Glencairn Ct. #201**
 CITY-ST-ZIP

TITLE **VPD** ☐ Delete
 NAME **GESMUNDO, GINNY**
 STREET ADDRESS **3301 GLENCAIRN COURT, #104**
 CITY-ST-ZIP **BONITA SPRINGS FL 34134**

TITLE **T/D** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **3301**
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **SEIDEMANN, BOB**
 STREET ADDRESS **3301 GLENCAIRN COURT #202**
 CITY-ST-ZIP **BONITA SPRINGS FL 34134**

TITLE **D** ☒ Change ☐ Addition
 NAME **RYNA, DARYL**
 STREET ADDRESS **3311 Glencairn Ct. #104**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ 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:

X Jerry Brady
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/02 (239) 947-9322

Date Daytime Phone #

CR2E037 (9/01)