2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N40831



FILED

Mar 28, 2003 8:00 am Secretary of State 1. Entity Name 03-28-2003 90085 016 ****70.00 WATERFORD AT BONITA BAY ASSOCIATION, INC. Principal Place of Business Mailing Address 3331 GLENCARIN COURT PO BOX 1104 **BONITA SPRINGS FL 34134** ESTERO FL 33928-1104 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 65-0247860 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CHAMBERLAIN, STEVEN A 23429 SLASH PINE COURT **BONITA SPRINGS FL 34134** BONITA SPRINKS 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. I am familiar with, and accept 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61,25 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PD ☐ Delete TITLE ☐ Addition ☐ Chance NAME BRADY, JERRY NAME 3320 GLENCAIRN CT #204 STREET ADDRESS STREET ADDRESS CITY-ST-7IP **BONITA SPRINGS FL** CITY-ST-ZIP TITI F □ Delete TITLE _ Change ☐ Addition NAME GROWNEY, DOROTHY NAME STREET ADDRESS 3311 GLENCARIN COURT #203 STREET ADDRESS CITY-ST-ZIP **BONITA SPRINGS FL 34134** CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition KEMPER, ROGER NAME NAME STREET ADDRESS 3321 GLENCAIRN CT #201 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP BONITA SPRINGS FL TITLE ☐ Delete ☐ Change ☐ Addition NAME GESMUNDO, GINNY NAME STREET ADDRESS 3301 GLENCAIRN CT #104 STREET ADDRESS CITY-ST-ZIP **BONITA SPRINGS FL 34134** CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition RYND, DARYL NAME STREET ADDRESS 3311 GLENCAIRN CT #104 STREET ADDRESS CITY-ST-ZIP **BONITA SPRINGS FL 34134** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS

12. Thereby certify that the information supplied with this filling 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 addless, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE

CITY-ST-7IP