

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2002 8:00 am
Secretary of State

01-29-2002 90081 006 ****61.25

DOCUMENT # N44576

1. Entity Name

LAKESIDE AT BONITA BAY ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**4081 BAYHEAD DRIVE
 BONITA SPRINGS FL 34134
 US**

**4081 BAYHEAD DRIVE
 APT 104
 BONITA SPRINGS FL 34134
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0335550

Applied For

Not Applicable

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

**NELSON, SUE
 4081 BAY HEAD DRIVE 101
 BONITA SPRINGS FL 34134**

Name **GRAY, GERALD**
 Street Address (P.O. Box Number is Not Acceptable)
4001 WHISKEY POINTE LANE # 101
 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 *Gerald Gray* **GERALD GRAY**

1-14-2002

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	NELSON, SUE	
STREET ADDRESS	4081 BAYHEAD DRIVE #101	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	KROPP, DOROTHY	
STREET ADDRESS	4081 BAYHEAD DRIVE #102	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GRAY, GERALD	
STREET ADDRESS	4001 WHISKEY POINTE LANE 101	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	ROLL, ROBERT	
STREET ADDRESS	4001 WHISKEY POINTE LN #202	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE	TD	<input type="checkbox"/> Delete
NAME	THAELE, HARRO	
STREET ADDRESS	4081 BAYHEAD DRIVE #104	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLIFFORD HALL	
STREET ADDRESS	4081 BAYHEAD DRIVE #204	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUINBY, NELSON	
STREET ADDRESS	4081 BAYHEAD DRIVE #103	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROLL, ROBERT	
STREET ADDRESS	4001 WHISKEY POINTE LANE #202	
CITY-ST-ZIP	BONITA SPRINGS 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: *Gerald Gray* **GERALD GRAY**

1-14-2002

941 947 9810

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)