

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N46570

1. Entity Name

BONITA SPRINGS VILLAGE, INC.

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90046 001 ****88.75

Principal Place of Business

10161 WALES LOOP
 BONITA SPRINGS FL 33923
 US

Mailing Address

✓ Marquis Management
 9400 Gladiolus Drive
 Suite 100
 Fort Myers, FL 33908

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3106804

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

FALK, STEVEN ESQ
 C/O ROETZEL AND ADDRESS
 850 PARK SHORE DR 3RD FL
 NAPLES FL 34103

7. Name and Address of New Registered Agent

Name: ✓ Michael Fleming
 Street: Marquis Management
 9400 Gladiolus Drive
 Suite 100
 City: Fort Myers, FL 33908
 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

[Handwritten Signature]

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 Func Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
 Department of State

10. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	HEMELGARN, DOROTHY	
STREET ADDRESS	10530 WALES LOOP	
CITY-ST-ZIP	BONITA SPRINGS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	FRADY, JEAN	
STREET ADDRESS	10820 WALES LOOP	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	
TITLE	P	<input type="checkbox"/> Delete
NAME	ELBERT, DOROTHY	
STREET ADDRESS	10751 WALES LOOP	
CITY-ST-ZIP	BONITA SPRINGS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	KOERNER, GEORGE	
STREET ADDRESS	10561 WALES LOOP	
CITY-ST-ZIP	BONITA SPRINGS FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	TRAVERSO, ANN L	
STREET ADDRESS	10430 WALES LOOP	
CITY-ST-ZIP	BONITA SPRINGS FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	BERDICK, WILMA	
STREET ADDRESS	10420 WALES LP	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	<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	

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: *[Handwritten Signature]* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-00

Date

941-992-4594

Daytime Phone #

CR2E037 (9/99)