

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 23, 2001 8:00 am
Secretary of State

05-23-2001 91162 026 ***211.25

DOCUMENT # **N46570**
 1. Entity Name
BONITA SPRINGS VILLAGE, IN

Principal Place of Business Mailing Address
10161 WALES LOOP 10161 WALES LOOP
BONITA, SPRINGS, FL BONITA SPRINGS, FL
33923 33923

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 **59-3106804** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
FALK, STEVEN, ESQ.
C/O ROETZEL AND ANDRESS
850 PARK SHORE DR
NAPLES, FL 34103

7. Name and Address of New Registered Agent
 Name **ARLENE O'NEILL**
 Street Address (P.O. Box Number is Not Acceptable)
9400 GLADIOLUS DR, 100
 City **FT. MYERS, FL** Zip Code **33908**

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 *Arlene O'Neill* DATE **4/2/01**
(Signature, typed or printed name of registered agent and title if applicable. (NOTE) Registered Agent signature required when reinstating.)

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 VD	DOROTHY HEMELGA <input checked="" type="checkbox"/> Delete
NAME	10530 WALES LOOP
STREET ADDRESS	BONITA SPRINGS, FL
CITY-ST-ZIP	
TITLE PD	DOROTHY ELBERT <input type="checkbox"/> Delete
NAME	10751 WALES LOOP
STREET ADDRESS	BONITA SPRINGS, FL
CITY-ST-ZIP	
TITLE PD	EGONDE KOCAMER <input type="checkbox"/> Delete
NAME	10651 WALES LOOP
STREET ADDRESS	BONITA SPRINGS, FL
CITY-ST-ZIP	
TITLE	ANN TRAVERSO <input type="checkbox"/> Delete
NAME	10430 WALES LOOP
STREET ADDRESS	BONITA SPRINGS, FL
CITY-ST-ZIP	
TITLE	WILMA BERDICK <input checked="" type="checkbox"/> Delete
NAME	10420 WALES LOOP
STREET ADDRESS	BONITA SPRINGS, FL
CITY-ST-ZIP	
TITLE	JEAN FRADY <input type="checkbox"/> Delete
NAME	10820 WALES LOOP
STREET ADDRESS	BONITA SPRINGS, FL
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	MERTON PUNDT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	10280 WALES LOOP
STREET ADDRESS	BONITA SPRINGS, FL
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	JACKIE SMERICK <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	10311 WALES LOOP
STREET ADDRESS	BONITA SPRINGS, FL
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: *Dorothy Elbert Pres.* DATE: **4-2-01**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (11/00)