2002 UNIFORM BUSINESS REPORT (UBR)

0015164 AT

DOCUMENT # A25707

1. Entity Name

VILLAS OF BONITA SPRINGS ASSOCIATES LIMITED

FILED

02 JAN 24 AM 11:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
% GOLF VILLAS OF BONITA SPRINGS 10085 MADDOX LANE. BOX 16 BONITA SPRINGS FL 33923	% GOLF VILLAS OF BONITA SPRINGS 10085 MADDOX LANE. BOX 16 BONITA SPRINGS FL 33923

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DUE BY MAY 1, 2002

4. FEI Number 98-0086186 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SPEAR, JOHN D. 9200 BONITA BEACH RD., SUITE 204 P. O. BOX 2207 BONITA SPRINGS FL 33959	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$98,000.00		

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #		STREET ADDRESS	
NAME	KALINS, W. JACK	CITY-ST-ZIP	
STREET ADDRESS	% SPLIT ROCK RESORT #592		000004833820--6
CITY-ST-ZIP	LAKE HARMONY PA 18624		-01/29/02--01055--005
DOCUMENT #		STREET ADDRESS	****526.25 ****526.25
NAME	KALINS, BARBARA J.	CITY-ST-ZIP	
STREET ADDRESS	% SPLIT ROCK RESORT #592		
CITY-ST-ZIP	LAKE HARMONY PA 18624		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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STREET ADDRESS			
CITY-ST-ZIP			

CR2E003 (9/01)

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: W. Jack Kalins SIGNATURE REQUIRED General Partner — W. JACK KALINS — 1-16-02 — EXT 790 570-722-9111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #