

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

03 JAN 28 PM 12:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **A25707**

1. Entity Name  
**VILLAS OF BONITA SPRINGS ASSOCIATES LIMITED**



Principal Place of Business  
**% GOLF VILLAS OF BONITA SPRINGS  
10085 MADDOX LANE, BOX 16  
BONITA SPRINGS FL 33923**

Mailing Address  
**% 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.

**DUE BY MAY 1, 2003**

City & State

City & State

4. FEI Number **98-0086186**

Applied For

Not Applicable

Zip

Country

Zip

Country

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions  
as Shown on record.

**\$98,000.00**

10. Amount of Capital Contributions  
in FLORIDA, to date.

11. **MAKE CHECK PAYABLE TO FL. DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION**

**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 #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**KALINS, W. JACK  
% SPLIT ROCK RESORT #592  
LAKE HARMONY PA 18624**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**KALINS, BARBARA J.  
% SPLIT ROCK RESORT #592  
LAKE HARMONY PA 18624**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**900011137209  
01/28/03--01066--028 \*\*535.00**

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**  
**W. JACK KALINS**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**EXT 790  
1-18-03 570-722-9111**

Date Daytime Phone #

0018436  
AT

CR2E003 (10/02)