

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

03-28-2003 90054 019 ****61.25

DOCUMENT # N02000000584

1. Entity Name
SINGLES OF BONITA, INC.



Principal Place of Business
**4811 ISLAND POND CT., UNIT 1202
BONITA SPRINGS FL 34134**

Mailing Address
**4811 ISLAND POND CT., UNIT 1202
BONITA SPRINGS FL 34134**

000276008



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

03-0392095

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

**SAMOUCE, MURRELL & FRANCOEUR, P.A.
800 LAUREL OAK DR., STE. 300
NAPLES FL 34108**

7. Name and Address of New Registered Agent

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.

(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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **DP** ☒ Delete
NAME **COOK, SHARON**
STREET ADDRESS **6872 ESTERO BLVD., APT. 511-A**
CITY-ST-ZIP **FT. MYERS FL 33931**

TITLE **DV** ☒ Delete
NAME **ZAMARRO, JUDY**
STREET ADDRESS **11412 QUAIL VILLAGE WAY**
CITY-ST-ZIP **NAPLES FL 34119**

TITLE **DP** ☒ Delete
NAME **FORD, SUE**
STREET ADDRESS **23224 COCONUT SHORES DR.**
CITY-ST-ZIP **BONITA SPRINGS FL 34134**

TITLE **DT** ☒ Delete
NAME **FUCHS, ROSEMARY**
STREET ADDRESS **24821 WAX MYRTLE DR.**
CITY-ST-ZIP **BONITA SPRINGS FL 34134**

TITLE **D** ☒ Delete
NAME **MELCHER, JEAN**
STREET ADDRESS **3881 WINDWARD PASS CIR., #201**
CITY-ST-ZIP **BONITA SPRINGS FL 34135**

TITLE **D** ☒ Delete
NAME **GUERRIERO, DOMINIC**
STREET ADDRESS **11673 N. CAROLINA DR.**
CITY-ST-ZIP **BONITA SPRINGS FL 34135**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **FORD, SUE**
STREET ADDRESS **23224 COCONUT SHORES DR.**
CITY-ST-ZIP **BONITA SPRINGS FL 34134**

TITLE **VICE PRESIDENT** ☐ Change ☒ Addition
NAME **BARNES, PEGGY**
STREET ADDRESS **14212 DEVINGTON WAY**
CITY-ST-ZIP **FT. MYERS FL 33912**

TITLE **SECRETARY** ☐ Change ☒ Addition
NAME **HAMILTON, CATHY**
STREET ADDRESS **2614 TAMMAM TRAIL N., PMB 457**
CITY-ST-ZIP **NAPLES, FL 34103**

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **JANET CONNOLLY, JANET**
STREET ADDRESS **24400 RESERVE CT. #103**
CITY-ST-ZIP **BONITA SPRINGS, FL 34134**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: **LODD M. ADAMS** **LODD M. ADAMS, DIRECTOR** **2/24/03** **239 495 7018**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)