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

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

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

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DOCUMENT # N02000000584

1. Entity Name
SINGLES OF BONITA, INC.

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

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

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 03-0392095 — 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
SAMOUCE, MURRELL & FRANCOEUR, P.A. 800 LAUREL OAK DR., STE. 300 NAPLES FL 34108	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DP ☒ Delete	TITLE	PRESIDENT ☒ Change ☐ Addition
NAME	COOK, SHARON	NAME	FORD, SUE
STREET ADDRESS	6672 ESTERO BLVD., APT. 511-A	STREET ADDRESS	23224 COCONUT SHORES DR.
CITY-ST-ZIP	FT. MYERS FL 33931	CITY-ST-ZIP	BONITA SPRINGS FL 34134
TITLE	DV ☒ Delete	TITLE	VICE PRESIDENT ☐ Change ☒ Addition
NAME	ZAMARRO, JUDY	NAME	BARNES, PEGGY
STREET ADDRESS	11412 QUAIL VILLAGE WAY	STREET ADDRESS	14212 DEVINGTON WAY
CITY-ST-ZIP	NAPLES FL 34119	CITY-ST-ZIP	FT. MYERS FL. 33912
TITLE	~~S~~ PRESIDENT ☐ Delete	TITLE	SECRETARY ☐ Change ☒ Addition
NAME	FORD, SUE	NAME	HAMILTON, CATHY
STREET ADDRESS	23224 COCONUT SHORES DR.	STREET ADDRESS	2614 TAMIAMI TRAIL N., PMB 457
CITY-ST-ZIP	BONITA SPRINGS FL 34134	CITY-ST-ZIP	NAPLES, FL. 34103
TITLE	DT ☒ Delete	TITLE	DIRECTOR ☐ Change ☒ Addition
NAME	FUCHS, ROSEMARY	NAME	~~JANET~~ CONNOLLY, JANET
STREET ADDRESS	24821 WAX MYRTLE DR.	STREET ADDRESS	24400 RESERVE CT. #103
CITY-ST-ZIP	BONITA SPRINGS FL 34134	CITY-ST-ZIP	BONITA SPRINGS, FL. 34134
TITLE	D ☒ Delete	TITLE	☐ Change ☐ Addition
NAME	MELCHER, JEAN	NAME	
STREET ADDRESS	3881 WINDWARD PASS CIR., #201	STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	CITY-ST-ZIP	
TITLE	D ☒ Delete	TITLE	☐ Change ☐ Addition
NAME	GUERRIERO, DOMINIC	NAME	
STREET ADDRESS	11673 N. CAROLINA DR.	STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	CITY-ST-ZIP	

CR2E037 (10/02)

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: Todd M. Adams TODD M. ADAMS, DIRECTOR 2/24/03 239 495 7018
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #