

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N07041

1. Entity Name

BONITA BAY COMMUNITY ASSOCIATION, INC.

Principal Place of Business

3451 BONITA BAY BLVE
SUITE 202
BONITA SPRINGS FL 34134-4395
US

Mailing Address

3451 BONITA BAY BLVD
SUITE 202
BONITA SPRINGS FL 34134
US

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

59-2497446

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fees Required

6. Name and Address of Current Registered Agent

GILKEY, DENNIS E
BONITA BAY COMMUNITY ASSOCIATION INC
3451 BONITA BAY BV STE 202
BONITA SPRINGS FL 33923

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

34134

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

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
Department of State

10. OFFICERS AND DIRECTORS

TITLE DP
NAME RODGERS, ED
STREET ADDRESS 3451 BONITA BAY, SW #202
CITY-ST-ZIP BONITA SPRINGS FL 34134 ☐ Delete

TITLE STD
NAME SCHESTAG, HARVEY R
STREET ADDRESS 3451 BONITA BAY BLVD STE 202
CITY-ST-ZIP BONITA SPRINGS FL 34134 ☐ Delete

TITLE DVP
NAME GILKEY, DENNIS E
STREET ADDRESS 3451 BONITA BAY, SW #202
CITY-ST-ZIP BONITA SPRINGS FL 34134 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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 an other like empowered.

SIGNATURE:

Harvey R. Schestag
SIGNATURE OF REGISTERED AGENT OR SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/27/01 (941) 495-1000

FILED
Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90058 017 *****70.00



DO NOT WRITE IN THIS SPACE

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