

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N31902

1. Entity Name

BONITA SPRINGS COLUMBIAN HOME ASSOCIATION, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90171 009 ****61.25

Principal Place of Business

Mailing Address

26308 LEXINGTON DR
BONITA SPRINGS FL 33923

26308 LEXINGTON DR
BONITA SPRINGS FL 34135-6139

00004044



DO NOT WRITE IN THIS SPACE

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

06-0416470

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

FELONG, JOSEPH
26308 LEXINGTON DR
BONITA SPRINGS FL 33923

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

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	VP	<input type="checkbox"/> Delete
NAME	GUTKNECHT, RALPH	
STREET ADDRESS	4339 MARINER RD	
CITY-ST-ZIP	BONITA SPRINGS FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	GRANFIELD, WILLIAM	
STREET ADDRESS	25603 DANCY CT.	
CITY-ST-ZIP	BONITA SPRINGS FL 33923	
TITLE	T	<input type="checkbox"/> Delete
NAME	PRIME, MEL	
STREET ADDRESS	27072 JARVIS RD	
CITY-ST-ZIP	BONITA SPRINGS FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	FELONG, JOSEPH	
STREET ADDRESS	26308 LEXINGTON DR	
CITY-ST-ZIP	BONITA SPRINGS FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RUEGG, JOHN	
STREET ADDRESS	27272 BARBAROSA ST.	
CITY-ST-ZIP	BONITA SPRINGS FL 33923	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ZWOLOSKI, STEVE	
STREET ADDRESS	10300 WESTSIDE LANE	
CITY-ST-ZIP	NAPLES FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SKIMEL, FRED	
STREET ADDRESS	2383 LAS PALMAS CIRCLE	
CITY-ST-ZIP	BONITA SPRINGS, FL 34135	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-10-00 941-947-3134

CR2E037 (9/99)