

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90104 009 ****61.25

DOCUMENT # N37981

1. Entity Name
IMPERIAL BONITA ESTATES LOT OWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address

27359 DUVERNAY DR 27359 DUVERNAY DR
 BONITA SPRGS FL 33923 BONITA SPRGS FL 33923
 US X X



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
27700 PRAIRIE DR.

3. Mailing Address
27700 PRAIRIE DR.

Suite, Apt. #, etc.

City & State
BONITA SPRINGS, FL.

City & State
BONITA SPRINGS, FL.

Zip Country Zip Country

34135 LEE 34135 LEE

4. FEI Number Applied For

65-0191099 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GOVEIA, MARGARET E
27400 VALDIS DR.
BONITA SPRINGS FL 34135

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.

SIGNATURE *Margaret E. Goveia* DATE **3-13-02**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

MARGARET E. GOVEIA

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 NAME STREET ADDRESS CITY-ST-ZIP	PD SMALL, HERMAN 27300 BOURBONNIER DR. BONITA SPRINGS FL 34135	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOVEIA, CLARENCE 27408 VALDIS DR BONITA SPRINGS FL 34135	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DIXON, JOAN 27387 DUVERNAY DR BONITA SPRINGS FL 34135	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BOWMAN, DLORES 27637 RUE VIAUV BONITA SPRINGS FL 34135	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DA SANFORD, RICHARD F 27359 DUVERNAY DRIVE BONITA SPRINGS FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, KENNETH 27367 VALOIS DR. BONITA SPRINGS FL 34135	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
VD 27463 DUVERNAY DR.,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
VD SPURLOCK, ELAINE 27312 VALOIS DR., BONITA SPRINGS, FL. 34135	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D VESCE, JOE 27397 DUVERNAY DR., BONITA SPRINGS, FL. 34135	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D DEVORE, LARRY 27448 BOURBONNIERE BONITA SPRINGS, FL. 34135	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D JOE COLSON 27296 BOURBONNIERE 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: *Joan Dixon* DATE: **3/12/02** DAYTIME PHONE #: **941-498-5910**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)