

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N44632**

1. Entity Name

BONITA SPRINGS AREA HOUSING DEVELOPMENT CORPORAT**FILED**
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90098 004 ****61.25

0073113

Principal Place of Business

Mailing Address

3551 BONITA BAY BLVD
STE 4
BONITA SPRINGS FL 34134
USPO BOX 3189
BONITA SPRINGS FL 34133
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
24831 Old 41 Road

3. Mailing Address

Suite, Apt. #, etc.
Suite B

Suite, Apt. #, etc.

City & State
Bonita Springs, FL

City & State

4. FEI Number
65-0276988Applied For
Not ApplicableZip
34135Country
LEE

Zip

Country

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

MCKEE, DAVID E.
22210 FAIRMONT CT
ESTERO FL 33928

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 \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to**
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
D
CREIGHTON, DONNA
27432 PELICAN RIDGE CIRCLE
BONITA SPRINGS FL 34134 ☒ DeleteTITLE
NAME
Secretary
Susan Mara ☐ Change ☒ Addition
223 Willowick Drive
Naples, Florida 34110TITLE
NAME
D
HEWITT, TOM
26650 NOBLE LANE
BONITA SPRINGS FL 34135 ☐ DeleteTITLE
NAME
Director
David J. Mourick ☐ Change ☒ Addition
4242 Rita Lane
Bonita Springs, Florida 34134TITLE
NAME
D
SALDIVAR, FLOR
27891 MATHESON
BONITA SPRINGS FL 34135 ☐ DeleteTITLE
NAME
☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
D
CANTWELL, DENNIS
26910 WEDGEWOOD DR
BONITA SPRINGS FL ☒ DeleteTITLE
NAME
☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
D
HARLOW, JIM
26650 NOBLE LANE
BONITA SPRINGS FL 34135 ☐ DeleteTITLE
NAME
☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
D
FEDOR, EVENLYN
28171 WINTHROP CIRCLE
BONITA SPRINGS FL 34135 ☐ DeleteTITLE
NAME
☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/10/01

Date

941/947-0266

Daytime Phone #

CR2E037 (10/00)