2001 UNIFORM BUS	INESS REPOF	IT (UBR)	AMENDED WBR #61.25
DOCUMENT # N4462	17		
BONITA SPRINGS AREA HOUSING DEVELOPMENT COR		ORATION	FILED
Principal Place of Business 24831 Old 41 Road	Mailing Address P.O. Box 3189		01 APR 10 PH 1: 10
STE B Bonita Springs, FL 34135	Bonita Springs, US	FL 34133	S. CARLLANDESTATE PALLAMASSEE, FLORIDA
US 2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
City & State	City & State		4. FEI Number Applied For
Zip Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Name and Address of Current	t Registered Agent		7. Name and Address of New Registered Agent
McKee, David E.		Name	
22210 Faimont CT Estero, FL 33928		Street Add	ress (P.O. Box Number is Not Acceptable)
•		City	FL Zip Code
8. The above named entity submits this statement f		Legistered office or re	
SIGNATURESignature, typed or printed name of registered agen	nt and title if applicable. (NOTE: §	Registered Agent signature	2000年014432 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9
FILE NOW: FEE IS \$61.25	S. Election Campaign F Trust Fund Contributi		\$5.00 May Be Added to Fees Make Check Payable to Department of State
10. OFFICERS AND D		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
NAME STREET ADDRESS STREET ADDRESS 22210 Fairmont CT	∟ Delete	TITLE NAME STREET ADDRESS	Director
Estero, FL 33928	☐ Delete	CITY-ST-ZIP	Bonita Springs, FL 34134
NAME Vice President Harlow, Jim STREET ADDRESS 26650 Noble Lane CITY-ST-ZIP Bonita Springs, FL		TITLE NAME STREET ADDRESS	Chairle Adulton (
mue Treasurer	Delete	CITY-ST-ZIP TITLE	☐ Change ☐ Addition
NAME Fedor, Evelyn STREET ADDRESS 28171 Winthrop Cir CITY-ST-ZIP Bonita Springs, FL		NAME STREET ADDRESS CITY-ST-ZIP	
mut Secretary	Delete	TITLE	☐ Change ☐ Addition
NAME Mara, Susan STREET ADDRESS 223 Willowick Driv CITY-ST-ZIP Naples, FL 34110	e	NAME STREET ADDRESS CITY-ST-ZIP	
MIE Director	☐ Delete	TITLE	Change Addition
NAME Hewitt, Tom STREET ADDRESS 26650 Noble Lane CITY-SI-ZIP Reprise Consider El	2/125	NAME STREET ADDRESS CITY+ST+ZIP	
Bonita Springs, FL		TITLE	☐ Change ☐ Addition
NAME Saldivar, Flor 27891 Matheson CITY-SI-ZIP Bonita Springs, FL	3/,135	NAME STREET ADDRESS CHY-ST-ZIP	\$P
12. I hereby certify that the information supplied windicated on this report or supplemental report of the corporation or the receiver or trustee enchanged, or on an attachment with an address SIGNATURE:	with this filing does not qualify for t is true and accurate and that m npowered to execute this report a	the exemption state y signature shall ha as required by Chap David E	od in Section 119.07(3)(i), Florida Statutes. I further certify that the information ver the same legal effect as if made under oath; that I am an officer or director other 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if C. McKee, President 4/3/01 947-0266