2002 UNIFORM BUSINESS REPORT (UBR)

Apr 23, 2002 8:00 am Secretary of State **DOCUMENT # N47608** THE LAKE VILLAS OF WEDGEWOOD AT BONITA BAY III, 04-23-2002 90353 001 ****61.25 INC. Principal Place of Business Mailing Address 26920 WEDGEWOOD DR 26920 WEDGEWOOD DR **BONITA SPRINGS FL 34134** BONITA SPRINGS FL 34134 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 65-0394509 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) CHAMBERLAIN, STEVE A 26920 WEDGEWOOD DR 101 **BONITA SPRINGS FL 34134** City 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 Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State 10. -OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE Delete . TITLE Change ☐ Addition LEE, JOHN NAME NAME 26888 WEDGEWOOD DR #101 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BONITA SPRINGS FL 34134** CITY-ST-ZIP TITI F Delete TITLE ☐ Change ☐ Addition Dennehy, Emmett NAME NAME STREET ADDRESS 26851 WEDGEWOOD DRIVE #202 STREET ADDRESS CITY-ST-ZIP **BONITA SPRINGS FL 34134** CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition SOLLIEN, FLOYD NAME NAME 26868 WEDGEWOOD DR #202 STREET ADDRESS STREET ADDRESS **BONITA SPRINGS FL 34134** CITY-ST-ZIE CITY-ST-ZIP DT □ Change TITLE ☐ Delete TITLE ☐ Addition Webster, Len NAME NAME 26891 WEDGEWOOD DR, UNIT 204 STREET ADDRESS STREET ADDRESS **BONITA SPRINGS FL 34134** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition lowsley, sandy NAME NAME 26850 WEDGEWOOD DR 102 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BONITA SPRINGS FL 34134 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

FILED

X (3) A (239) 495-655 1

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER ORDINECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER ORDINECTOR

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 impowered.