2000 UNIFORM BUSINESS REPORT (UBR)

Apr 19, 2000 8:00 am Secretary of State DOCUMENT # **N9600005287** THE VILLAGES OF BONITA HOMEOWNERS' ASSOCIATION, 04-19-2000 90084 039 ****61.25 Mailing Address Principal Place of Business 28000 SPANISH WELLS BLVD. 1044 CASTELLO DR BONITA SPRINGS FL 34135 STE 206 NAPLES FL 34103-1900 6395642. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 044 Castel City & State Applied For 4. FEI Number 59-3421034 ڪ Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired +103 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) SOUTHWEST PROOPERTY MANAGEMENT 1044 CASTELLO DR STE 206 Zip Code NAPLES FL 34103 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:** 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Delete TITLE Change ☐ Addition TITLE NAME NAME KELLY, THOMAS J STREET ADDRESS STREET ADDRESS 28000 SPANISH WELLS BLVD. CITY-ST-ZIP CITY-ST-ZIP BONITA SPRINGS FL 34135 ☐ Addition VD Change ☐ Delete V D TITLE TITLE Lane, Miller NAME NAME MIKE LANE 28000 SPANISH WELLS BLUD. STREET ADDRESS STREET ADDRESS 28000 SPANISH WELLS BLVD. CITY-ST-ZIP CITY-ST-7/P BONITA SPRINGS **BONITA SPRINGS FL 34135** STD ☐ Delete TITLE Change ☐ Addition BOZE, JOANNA NAME STREET ADDRESS 28000 SPANISH WELLS BLVD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BONITA SPRINGS FL 34135 Delete ☐ Change ☐ Addition TITLE TITLE NAME DELUCA, TONY STREET ADDRESS STREET ADDRESS 28000 SPANISH WELLS BLVD. CITY-ST-ZIP CITY-ST-ZIP BONITA SPRINGS FL 34135 Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 prior like empowered.