

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90269 005 ****61.25

DOCUMENT # N96000005287

1. Entity Name

THE VILLAGES OF BONITA HOMEOWNERS' ASSOCIATION,

Principal Place of Business

**SOUTHWEST PROP. MANAGEMENT
 1044 CASTELLO DRIVE SUITE 206
 NAPLES FL 34103**

Mailing Address

**1044 CASTELLO DR
 STE 206
 NAPLES FL 34103
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3421034 ✓

Applied For

Not Applicable

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

**SOUTHWEST PROOPERTY MANAGEMENT
 1044 CASTELLO DR
 STE 206
 NAPLES FL 34103**

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 \$61.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Delete
 NAME **KELLY, THOMAS J**
 STREET ADDRESS **28000 SPANISH WELLS BLVD.**
 CITY-ST-ZIP **BONITA SPRINGS FL 34135**

TITLE **PD** ☐ Change ☒ Addition
 NAME **Ron Dillon**
 STREET ADDRESS **Oakbrook Properties**
 CITY-ST-ZIP **24880 Burnt Pine DR. #8**
Bonita Springs, FL 34134

TITLE **VD** ☒ Delete
 NAME **LANE, MILLER**
 STREET ADDRESS **28000 SPANISH WELLS BLVD.**
 CITY-ST-ZIP **BONITA SPRINGS FL 34135**

TITLE **D** ☐ Change ☒ Addition
 NAME **DeW Snyder**
 STREET ADDRESS **9421 Village View Blvd.**
 CITY-ST-ZIP **Bonita Springs, FL 34134**

TITLE **STD** ☐ Delete
 NAME **BOZE, JOANNA**
 STREET ADDRESS **28000 SPANISH WELLS BLVD.**
 CITY-ST-ZIP **BONITA SPRINGS FL 34135**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** ☒ Delete
 NAME **LANE, MIKE**
 STREET ADDRESS **28000 SPANISH WELLS BLVD.**
 CITY-ST-ZIP **BONITA SPRINGS FL 34135**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 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: *Joanna Boze*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-16-01

CR2E037 (10/00)