

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 07, 2002 8:00 am
Secretary of State

04-07-2002 90057 020 ****61.25

0048443

DOCUMENT # N96000005287

1. Entity Name

THE VILLAGES OF BONITA HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

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

1044 CASTELLO DR
STE 206
NAPLES FL 34103
US

2. Principal Place of Business

3. Mailing Address

WRG SW FLORIDA, Inc

27800 Old 41 Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

27800 Old 41 Road

City & State

City & State

BONITA SPRINGS, FL

BONITA SPRINGS, FL

Zip

Country

Zip

Country

34135

34135

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

Name

BOB BACHMAN

Street Address (P.O. Box Number is Not Acceptable)

27800 Old 41 Road

City

BONITA SPRINGS

FL

Zip Code

34135

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

X Bob Bachman

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/29/02

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

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\$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	<input checked="" type="checkbox"/> Delete
NAME	DILLON, RON	
STREET ADDRESS	24880 BURNT PINE DR #8	
CITY-STATE-ZIP	BONITA SPRINGS FL 34134	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SNYDER, LEW	
STREET ADDRESS	9421 VILLAGE VIEW BLVD	
CITY-STATE-ZIP	BONITA SPRINGS FL 34134	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	BOZE, JOANNA	
STREET ADDRESS	28000 SPANISH WELLS BLVD.	
CITY-STATE-ZIP	BONITA SPRINGS FL 34135	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EVERETT BOWYER	
STREET ADDRESS	9350 LAKE ABBY LANE	
CITY-STATE-ZIP	BONITA SPRINGS, FL 34135	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ELAINE TOOLE	
STREET ADDRESS	9460 LAKE ABBY LANE	
CITY-STATE-ZIP	BONITA SPRINGS, FL 34135	
TITLE	SEC/TRES	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVID FISLER	
STREET ADDRESS	9440 LAKE ABBY LANE	
CITY-STATE-ZIP	BONITA SPRINGS, FL 34135	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOE GILL	
STREET ADDRESS	9304 LAKE ABBY LANE	
CITY-STATE-ZIP	BONITA SPRINGS, FL 34135	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LARRY CRITTENDEN	
STREET ADDRESS	9356 LAKE ABBY LANE	
CITY-STATE-ZIP	BONITA SPRINGS, FL 34135	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-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: X

EVERETT BOWYER

3/29/02

Date

Daytime Phone #

CR2E037 (9/01)