

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90016 004 \*\*\*\*61.25

**DOCUMENT # N96000005287**

1. Entity Name

THE VILLAGES OF BONITA HOMEOWNERS'  
ASSOCIATION, INC.



Principal Place of Business

WRG SW FLORIDA INC  
27800 OLD 41 ROAD  
BONITA SPRINGS FL 34135

Mailing Address

27800 OLD 41 ROD  
BONITA SPRINGS FL 34135  
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

BACHMAN, BOB  
27800 OLD 41 ROAD  
BONITA SPRINGS FL 34135

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	BOWYER, EVERETT	
STREET ADDRESS	9350 LAKE ABBY LANE	
CITY-ST-ZIP	BONITA SPRINGS FL <del>94134</del> 34135	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	TOOLE, ELAINE	
STREET ADDRESS	9460 LAKE ABBY LANE	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MCCLEAN, BOB	
STREET ADDRESS	9354 LAKE ABBY LANE	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GILL, JOE	
STREET ADDRESS	9304 LAKE ABBY LANE	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	
TITLE	D	<input type="checkbox"/> Delete
NAME	CRITTENDEN, LARRY	
STREET ADDRESS	9356 LAKE ABBY LANE	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GENE Showalter
STREET ADDRESS	9337 LAKE ABBY LANE
CITY-ST-ZIP	Bonita Springs, FL 34135
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VP
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sec TRES
STREET ADDRESS	JIM JONES
CITY-ST-ZIP	9361 LAKE ABBY LANE
CITY-ST-ZIP	Bonita Springs, FL 34135
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRITTENDEN, LARRY
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/1/04 239-495-1304