

DOCUMENT # N97000002630

1. Entity Name

BONITA PROFESSIONAL CENTER LOT OWNER'S ASSOCIATI

R

Principal Place of Business

8953 TERRENE CT.
BONITA SPRINGS FL 34135
US

Mailing Address

8953 TERRENE CT.
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

59-3613037

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KEVIN F. JURSINKSI, P.A.
2222 SECOND ST
FT MYERS FL 33901

7. Name and Address of New Registered Agent

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 \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SCHIAFONE, TED
STREET ADDRESS 8953 TERRENE CT.
CITY-ST-ZIP BONITA SPRINGS FL 34135 ☐ DeleteTITLE SD
NAME HASKINS, KATHY
STREET ADDRESS 10956 ENTERPRISE AVE
CITY-ST-ZIP BONITA SPRINGS FL 35135 ☐ DeleteTITLE TD
NAME SHAHLA, ZIAD
STREET ADDRESS 5281 CHERRYWOOD DR
CITY-ST-ZIP NAPLES FL 34119 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-14-00

Date

941-994-0162

Daytime Phone #

6/5/00

FILED
Aug 17, 2000 8:00 am
Secretary of State

06-05-2000 90040 046 ***61.25



DO NOT WRITE IN THIS SPACE

CP2E037 (9/99)