

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-12-2003 90082 031 ****61.25

DOCUMENT # N97000002630

1. Entity Name

BONITA PROFESSIONAL CENTER LOT OWNER'S ASSOCIATION, INC.



Principal Place of Business

**8953 TERRENE CT.
BONITA SPRINGS FL 34135
US**

Mailing Address

**8900 TERRENE J
#102
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**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Matt Lundstrom

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

8953 Terrene Ct

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. 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 reinstating)

DATE

3/6/03

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
SCHIAFONE, TED
8953 TERRENE CT.
BONITA SPRINGS FL 34135** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President: MATT Lundstrom ☒ Change ☐ Addition
**8953 Terrene Ct
Bonita Springs FL 34135**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
HASKINS, KATHY
10956 ENTERPRISE AVE
BONITA SPRINGS FL 35135** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
Laurie Miller** ☒ Change ☐ Addition
**8880 Terrene Ct
Bonita Springs FL 34135**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
SHAHLA, ZIAD** ☐ Delete
**5281 CHERRYWOOD DR
NAPLES FL 34119**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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 another like empowered.

SIGNATURE:

SIGNATURE OF REGISTERED AGENT
KEVIN F. JURSIKSI, P.A.

3/6/03

(239) 948-3444

Date

Daytime Phone #

CR2E037 (10/02)