

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

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90244 001 ****61.25

DOCUMENT # N98000002051

1. Entity Name

BOBCAT VILLAS HOMEOWNERS ASSOCIATION, INC.



DO NOT WRITE IN THIS SPACE

11017200

2. Principal Place of Business

23081 Harborview Rd

3. Mailing Address

PO Box 380758

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Charlotte Harbor, FL

City & State

Murdock, FL

4. FEI Number

59-3566150

Applied For

Not Applicable

Zip
33980

Country
USA

Zip
33938

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name: Wishard, Kristine

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

23081 Harborview Road

City

Charlotte Harbor

FL

Zip Code
33980

**DO NOT WRITE
IN THIS SPACE**

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

William K. Turcotte

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/23/03

FEE IS \$61.25

Initial or Amended UBR

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 NAME STREET ADDRESS CITY-ST-ZIP	DP SOLANO, RICHARD 2001 LYNX RUN NORTH PORT FL 34286	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MENKE, W. TODD 2001 LYNX RUN NORTH PORT FL 34286	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD TURCOTTE, WILLIAM 2001 LYNX RUN NORTH PORT FL 34286	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Turcotte, William 2232 Lynx Run North Port, FL 34288
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Burns, Sandra 2165 Lynx Run North Port, FL 34288
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Whitley, Albert 2024 Lynx Run North Port, FL 34288

**DO NOT WRITE
IN THIS SPACE**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D James, Roger 1119 Lynx Run North Port, FL 34288
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Stanjones, Joseph 2015 Lynx Run North Port, FL 34288

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William K. Turcotte

4/23/03

Date

Daytime Phone #

CR2E037B (12/02)