

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000004115

1. Entity Name

CIVIC ASSOCIATION OF BONITA SPRINGS, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90227 011 ****61.25

Principal Place of Business

Mailing Address

10016 SE DELWARE ST.
 BONITA SPRINGS FL 34135

10016 SE DELWARE ST.
 BONITA SPRINGS FL 34135

2. Principal Place of Business

3. Mailing Address

P.O. BOX 366212

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
BONITA SPRINGS, FL

4. FEI Number

NOT APPLICABLE

Applied For
 Not Applicable

Zip

Country

Zip
34136

Country

LEE

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

GERBER, JOAN
10016 SE DELAWARE ST
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.

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 \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$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	D	<input checked="" type="checkbox"/> Delete
NAME	ELLIOTT, CLARA A	
STREET ADDRESS	25201 DIVOT DR	
CITY-ST-ZIP	BONITA SORINGS FL 34135	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JOHNS, BILL	
STREET ADDRESS	12787 HUNTERS RIDGE DR	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LIZANO, CARLOS	
STREET ADDRESS	824 ALDRMAN ST #213	
CITY-ST-ZIP	FT MYERS FL 33916	
TITLE	D	<input type="checkbox"/> Delete
NAME	MILLS, BOB	
STREET ADDRESS	25501 IMPATIENS CT	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ROMERO, JUAN	
STREET ADDRESS	10010 SE DELAWARE ST	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SCHUPPENHAUER, ED	
STREET ADDRESS	9834 DELAWARE ST	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	

TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BELFORD, JEANNE	
STREET ADDRESS	26458 ATLANTA DR	
CITY-ST-ZIP	BONITA SPRINGS, FL 34135	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STALLINGS, FRAN	
STREET ADDRESS	9835 DELAWARE ST	
CITY-ST-ZIP	BONITA SPRINGS, FL 34135	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCKENZIE, KEVIN	
STREET ADDRESS	24265 MELAINA LANE	
CITY-ST-ZIP	BONITA SPRINGS, FL 34135	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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: *Ed Schuppenhauer* **ED SCHUPPENHAUER** SALDIVAR

4/1/00

941-992-6846

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CF2E037 (9/99)