

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000002452

1. Entity Name

GOLF VILLAS OF BONITA SPRINGS CONDOMINIUM ASSOCI

FILED

Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90037 019 ****61.25

Principal Place of Business

10085 MADDOX LANE
BONITA SPRINGS FL 34135

Mailing Address

10085 MADDOX LANE
BONITA SPRINGS FL 34135

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 65-0795428

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

FROHNHEISER, BARBARA L
10085 MADDOX LANE
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 PD ☐ Delete
NAME KALINS, W. JACK
STREET ADDRESS BOX 592 LAKE DRIVE
CITY-ST-ZIP LAKE HARMONY PA 18624

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

TITLE STD ☐ Delete
NAME FROHNHEISER, BARBARA L
STREET ADDRESS 10085 MADDOX LANE
CITY-ST-ZIP BONITA SPRINGS FL 34135

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

TITLE VD ☐ Delete
NAME KALINS, BARBARA
STREET ADDRESS BOX 592 LAKE DRIVE
CITY-ST-ZIP LAKE HARMONY PA 18624

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

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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: *W. Jack Kalins, Pres.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-6-01

570-722-9111

Date

Daytime Phone #

CR2E037 (10/00)