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Mar 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 717841 (1)

1. Corporation Name
BONITA SPRINGS UTILITIES, INC.



Principal Place of Business
11860 E TERRY ST S E
BONITA SPRINGS FL 33029
US

Mailing Address
P.O. BOX 2368
BONITA SPRINGS FL 34133-2368
US

| | |
|---|---------------------------------------|
| 3. Date Incorporated or Qualified 01/07/1970 | 3a. Date of Last Report 04/09/1996 |
| 4. FEI Number 59-1350003 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| | |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. |
| 22 City & State | 27 City & State |
| 23 Zip Country | 28 Zip Country |
| 24 34135 25 | 29 30 |

9. Name and Address of Current Registered Agent
PARTIN, FRED
11860 E. TERRY STREET
BONITA SPINGS FL 33029 34135

10. Name and Address of New Registered Agent

| | |
|---|-------------|
| 81 Name | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | FL |
| 83 | |
| 84 City | |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------------|--|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | HAINES, HARVEY | |
| STREET ADDRESS | 27027 IMPERIAL ST | |
| CITY-ST-ZIP | BONITA SPRINGS FL | |
| TITLE | PD | <input checked="" type="checkbox"/> DELETE |
| NAME | NELSON, BEN JR. | |
| STREET ADDRESS | 10900 E TERRY ST | |
| CITY-ST-ZIP | BONITA SPRINGS FL | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | SUMNER, VIRGINIA | |
| STREET ADDRESS | 10841 HAMPTON ST. | |
| CITY-ST-ZIP | BONITA SPRINGS FL | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | HOCHSTETLER, HENRY | |
| STREET ADDRESS | 27901 HACIENDA BLVD, 218B | |
| CITY-ST-ZIP | BONITA SPRINGS FL | |
| TITLE | TD | <input type="checkbox"/> DELETE |
| NAME | LILES, FRANK JR. | |
| STREET ADDRESS | 27233 JC LANE | |
| CITY-ST-ZIP | BONITA SPRINGS FL | |
| TITLE | SD | <input checked="" type="checkbox"/> DELETE |
| NAME | MATHES, JOHN | |
| STREET ADDRESS | 27710-1 PIERCE AVE | |
| CITY-ST-ZIP | BONITA SPRINGS FL | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|--------------------------|---|
| 1.1 TITLE | VICE PRESIDENT, DIRECTOR | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | | |
| 1.3 STREET ADDRESS | | |
| 1.4 CITY-ST-ZIP | | |
| 2.1 TITLE | TREASURER, DIRECTOR | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | ROBERT MCGRATH | |
| 2.3 STREET ADDRESS | 5060 E PALM AVE ST. SW | |
| 2.4 CITY-ST-ZIP | BONITA SPRINGS, FL 34134 | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | PRESIDENT - DIRECTOR | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | SECRETARY, DIRECTOR | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-ST-ZIP | | |

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Henry Hochstetler* Henry Hochstetler President 3-1997 (941)992-0711

CR2E037 (9/96)