FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

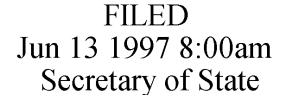
Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

750992

(0)

SEA ISLES CONDOMINIUM ASSOCIATION OF BONITA BEAC H, INC.





Dula de al Diago et Dunia	Madina Adda a			[[]]
Principal Place of Business	Mailing Address			
26131 HICKORY BLVD BONITA SPRGS FL 33923	26131 HICKORY BLVD BONITA SPRGS FL 3413	4-3722		
			3. Date Incorporated or Qualified 02/11/1980	3a. Date of Last Report 03/13/1996
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		59-2002316	Not Applicable
Sulte, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22	27	· · · · · · · · · · · · · · · · · · ·		Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip Country		Country	Trust Fund Contribution	Added to Fees
24 25	29	30	8. This corporation has liability for in Florida Statutes	Yes No
9. Name and Address of C		[30]	10. Name and Address of New Reg	
		81 Name	oore Property	Mant
EIM, INC HISCOCK, WILLIAM 82 Street			ldress (P.O. Box Number is Not Acceptable	6) 7
3806 PROGRESS AVENUE.		63 7	45 12 1 Ave S.	Duite D
NAPLES FL 33942)	03		
		84 City	Noplos	FL 85 Zip Code
11. Pursuant to the provisions of Sections 61 office or registered agent or both in the agent. I am familiar with, and accept the	7,0502 and 617,1508, Florida Statu	ites, the above-named co	proporation submits this statement for the pure	urpose of changing its registered
agent, I am familiar with, and accept the	ebligations of Section 617.0503, Fi	lorida Statutes.	ration's board of directors. Thereby accept	The appointment as registered
SIGNATURE Signature, typed or printed name of register		TE: Registered Agont signature red	/. \41	\(\frac{1}{2}\)
	S AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12
TITLE PO	☐ DELETE	1.1 TITLE	V/PID	ERS AND DIRECTORS IN 12 Change Addition
NAME GRAY, J. GERALD 4		1.2 NAME	Gene Bly the Blud	
STREET ADDRESS 4001 WHISKEY POINT L	LANE	1.3 STREET ADDRESS	24131 HICKORY 10100	33923
CITY-ST-ZIP BONITA SPRINGS FL 33		1.4 CITY - ST - ZIP	Bonita Springs, FL	33923
TITLE SD	☐ DELETE	2.1 TITLE	Benita Springs, FC Barbara, Mayes 24131 Hickory Blu	Change Addition C
NAME FORD, ROGER		2.2 NAME	barbara, mayes	ا ادر
STREET ADDRESS 26131 HICKORY BLVD.		2.3 STREET ADDRESS	aural modery pro	
CITY-ST-ZIP BONITA SPRINGS FL 33		2.4 CITY-ST-ZIP	Bonita Springs, F	= <u>C 33923</u>
TITLE TO	OELETE	3.1 Title	÷ •	Change
NAME BUTLER, JOHN STREET ADDRESS 28131 HICKORY BLVD.	Q_Λ	3.2 NAME		
BANKI ARRINA PI	VΛ	3.3 STREET ADDRESS		
TITLE DINITA SPRINGS FL.	DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition
NAME WATKINS, JAMES		4. 2 NAME		
STREET ADDRESS 26131 HICKORY BLVD.	1-0	4.3 STREET ADDRESS		
CITY-ST-ZIP BONITA SPRINGS FL 33		4.4 CITY-ST-ZIP		Ì
TITLE D	DELETE	5.1 TITLE	- W-W	☐ Change ☐ Addition
NAME BACON, PATRICIA		5.2 NAME		
STREET ADDRESS 62 PARKER AVENUE		5.3 STREET ADDRESS		12
CITY-ST-ZIP NEW CITY NY 10956		5.4 CITY-ST-ZIP		$-(\alpha \mid \geq \mid$
TITLE	☐ DELETE	6.1 TITLE		Change Addition
NAME		6.2 NAME		() K
STREET ADDRESS		6.3 STREET ADDRESS		AV ONLE
CITY-ST-ZIP		6.4 CITY - ST - ZIP		DU Dely 6/1
14. I do hereby certify that the information su	ipplied with this filling does not qual	lify for the exemption stat	ted in Section 119.07(3)(i), Florida Statutes	. I further certify that the

Information indicated on this annual report or suppliemental 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.