

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 05 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 771001 (5)

1. Corporation Name

BAY HARBOR CLUB OF BONITA BEACH CONDOMINIUM ASSO  
CIATION, INC.

Principal Place of Business

26225 HICKORY BLVD.  
BONITA SPRINGS FL 33923

Mailing Address

26225 HICKORY BLVD.  
BONITA SPRINGS FL 34134-81053. Date Incorporated or Qualified  
10/31/19833a. Date of Last Report  
02/20/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

City &amp; State

23

Zip

24

Country

25

City &amp; State

27

Zip

29

Country

30

4. FEI Number

59-2358903

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LARSON, RICHARD A  
26235 HICKORY BLVD.  
BLDG. III & IIB  
BONITA SPRINGS FL 33923

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	LARSON, RICHARD	
STREET ADDRESS	26235 HICKORY BLVD.	
CITY - ST - ZIP	BONITA SPRINGS FL	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	CAMPBELL, ROBERT N	
STREET ADDRESS	26225 HICKORY BLVD., 4D	
CITY - ST - ZIP	BONITA SPRINGS FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	AGRIN, ALFRED	
STREET ADDRESS	26225 HICKORY BLVD., 10A	
CITY - ST - ZIP	BONITA, SPRINGS, FL.	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LOKEY, WILBURN	
STREET ADDRESS	26225 HICKORY BLVD, 6D	
CITY - ST - ZIP	BONITA SPRINGS FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	SCHROER, JAMES	
STREET ADDRESS	26235 HICKORY BLVD, 7B	
CITY - ST - ZIP	BONITA SPRINGS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCCULLY, TERRY	
STREET ADDRESS	26235 HICKORY BLVD	
CITY - ST - ZIP	BONITA SPRINGS FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0060325

CR2E037 (9/96)