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**Secretary of State**

03-06-1999 90018 006 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 771001

1. Corporation Name

BAY HARBOR CLUB OF BONITA BEACH CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

26225 HICKORY BLVD.  
 BONITA SPRINGS FL 33923

Mailing Address

26225 HICKORY BLVD.  
 BONITA SPRINGS FL 33923



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country 30

3. Date Incorporated or Qualified

10/31/1983

4. FEI Number

59-2358903

Applied For  
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name **Robert D. McClure, P.A.**  
 82 Street Address (P.O. Box Number is Not Acceptable) **500 Fifth Ave. So.**  
 83  
 84 City **Naples, FL** 85 Zip Code **34102**

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)

*Robert D. McClure* 2-11-99  
 DATE

12. OFFICERS AND DIRECTORS

|                |                           |  |
|----------------|---------------------------|--|
| TITLE          | DP                        | <input type="checkbox"/> DELETE            |
| NAME           | SCHROER, JAMES            |  |
| STREET ADDRESS | 26235 HICKORY BLVD, 7B    |  |
| CITY-ST-ZIP    | BONITA SPRINGS FL 34134   |  |
| 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 checked="" type="checkbox"/> DELETE |
| NAME           | EATON, JUDY               |  |
| STREET ADDRESS | 26235 HICKORY BLVD, 2D    |  |
| CITY-ST-ZIP    | BONITA, SPRINGS, FL 34134 |  |
| TITLE          | D                         | <input type="checkbox"/> DELETE            |
| NAME           | LYNCH, MICHAEL            |  |
| STREET ADDRESS | 26225 HICKORY BLVD, 3B    |  |
| CITY-ST-ZIP    | BONITA SPRINGS FL 34134   |  |
| TITLE          | DT                        | <input type="checkbox"/> DELETE            |
| NAME           | MCLEAN, DAN               |  |
| STREET ADDRESS | 26235 HICKORY BLVD, 8A    |  |
| CITY-ST-ZIP    | BONITA SPRINGS FL 34134   |  |
| TITLE          | D                         | <input type="checkbox"/> DELETE            |
| NAME           | CHARTRAND, STEVEN         |  |
| STREET ADDRESS | 26235 HICKORY BLVD 1B     |  |
| CITY-ST-ZIP    | BONITA SPRINGS FL 34134   |  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                                     |  |
|--------------------|-------------------------------------|--|
| 1.1 TITLE          | <del>DP</del>                       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME           | <del>Bob Bower</del>                |  |
| 1.3 STREET ADDRESS | <del>26235 Hickory Blvd, #3B</del>  |  |
| 1.4 CITY-ST-ZIP    | <del>Bonita Springs, FL 34134</del> |  |
| 2.1 TITLE          | D                                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME           | Bower, Lefo                         |  |
| 2.3 STREET ADDRESS | 26235 Hickory Blvd, #3B             |  |
| 2.4 CITY-ST-ZIP    | Bonita Springs, FL 34134            |  |
| 3.1 TITLE          | D                                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME           | Bacor, Robert                       |  |
| 3.3 STREET ADDRESS | 26225 Hickory Blvd, #1C             |  |
| 3.4 CITY-ST-ZIP    | Bonita Springs, FL 34134            |  |
| 4.1 TITLE          | DS                                  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           | Lynch, Michael                      |  |
| 4.3 STREET ADDRESS | 26225 Hickory Blvd 3B               |  |
| 4.4 CITY-ST-ZIP    | Bonita Springs, FL 34134            |  |
| 5.1 TITLE          |                                     | <input 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 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, with all other like empowered.

SIGNATURE: *Robert D. McClure* REQUIRED  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/11/99* 947-8709  
 Date Daytime Phone #

CR2E037 (11/98)