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FILED  
May 20 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 # N07041 (9)

1. Corporation Name

BONITA BAY COMMUNITY ASSOCIATION, INC.



Principal Place of Business

Mailing Address

% RICHARD W. PLOWMAN  
3451 BONITA BAY BLVD. SUITE 202  
BONITA SPRINGS FL 33923

% RICHARD W. PLOWMAN  
3451 BONITA BAY BLVD. SUITE 202  
BONITA SPRINGS FL 34134-4395

3. Date Incorporated or Qualified  
01/10/1985

3a. Date of Last Report  
04/24/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

59-2497446

Applied For

Not Applicable

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23 Zip

25 Country

29 Zip

30 Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

24 34134-4395

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PLOWMAN, RICHARD W  
BONITA BAY COMMUNITY ASSOCIATION INC  
3451 BONITA BAY BV STE 202  
BONITA SPRINGS FL 33923

81 Name

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

83

84 City

FL

85 Zip Code

34134-4395

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME PLOWMAN, RICHARD W  
STREET ADDRESS 3451 BONITA BAY, SW #202  
CITY-ST-ZIP BONITA SPRINGS FL  
 DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
 Change  Addition

TITLE STD  
NAME BAUMAN, ANDREW M.  
STREET ADDRESS 3451 BONITA BAY, SW #202  
CITY-ST-ZIP BONITA SPRINGS FL  
 DELETE

2.1 TITLE STD  
2.2 NAME Schestag, Harvey R.  
2.3 STREET ADDRESS 3451 Bonita Bay Blvd., #202  
2.4 CITY-ST-ZIP Bonita Springs, FL  
 Change  Addition

TITLE D  
NAME GILKEY, DENNIS  
STREET ADDRESS 3451 BONITA BAY, SW #202  
CITY-ST-ZIP BONITA SPRINGS FL  
 DELETE

3.1 TITLE DV  
3.2 NAME Gilkey, Dennis E.  
3.3 STREET ADDRESS 3451 Bonita Bay Blvd., #202  
3.4 CITY-ST-ZIP Bonita Springs, FL  
 Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
 Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
 Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
 Change  Addition

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: Richard W. Plowman

4/08/97

(941) 495-1000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0000338

CR2E037 (9/96)