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FILED
May 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N07041 (9)
 1. Corporation Name
BONITA BAY COMMUNITY ASSOCIATION, INC.



Principal Place of Business % RICHARD W. PLOWMAN 3451 BONITA BAY BLVD. SUITE 202 BONITA SPRINGS FL 34134-4395 US	Mailing Address % RICHARD W. PLOWMAN 3451 BONITA BAY BLVD. SUITE 202 BONITA SPRINGS FL 33923
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3. Date Incorporated or Qualified 01/10/1985	
4. FEI Number 59-2497446	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 3451 Bonita Bay Blvd. Suite, Apt. #, etc. 22 Suite 202 City & State 23 Bonita Springs, FL Zip 24 34134	2a. Mailing Address 26 3451 Bonita Bay Blvd. Suite, Apt. #, etc. 27 Suite 202 City & State 28 Bonita Springs, FL Zip 29 34134	Country 25 US	Country 30 US
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9. Name and Address of Current Registered Agent
PLOWMAN, RICHARD W
BONITA BAY COMMUNITY ASSOCIATION INC
3451 BONITA BAY BY STE 202
BONITA SPRINGS FL 33923

10. Name and Address of New Registered Agent
81 Name
Gilkey, Dennis E
82 Street Address (P.O. Box Number is Not Acceptable)
Bonita Bay Community Association Inc
83 3451 Bonita Bay Blvd., Ste 202
84 Bonita Springs **FL** **85 34134**

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]* (NOTE: Registered Agent signature required when reinstating) DATE: **4/22/98**

12. OFFICERS AND DIRECTORS

TITLE PD	<input checked="" type="checkbox"/> DELETE
NAME PLOWMAN, RICHARD W	
STREET ADDRESS 3451 BONITA BAY, SW #202	
CITY-ST-ZIP BONITA SPRINGS FL	
TITLE STD	<input type="checkbox"/> DELETE
NAME SCHESTAG, HARVEY R	
STREET ADDRESS 3451 BONITA BAY BLVD STE 202	
CITY-ST-ZIP BONITA SPRINGS FL	
TITLE DV	<input type="checkbox"/> DELETE
NAME GILKEY, DENNIS	
STREET ADDRESS 3451 BONITA BAY, SW #202	
CITY-ST-ZIP BONITA SPRINGS FL	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	PD
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	DV
4.3 STREET ADDRESS	Rodgers, Edmund W Jr
4.4 CITY-ST-ZIP	3451 Bonita Bay Blvd., Ste 202
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Bonita Springs, FL 34134
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.

SIGNATURE: *[Signature]* DATE: **4/22/98** Daytime Phone # **0062383**

CR2E037 (10/97)