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Secretary of State

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FLORIDA DEPARTMENT OF STATE
 Katherine Marris
 Secretary of State
 DIVISION OF CORPORATIONS

NONPROFIT
 CORPORATION
 ANNUAL REPORT
 1999

DOCUMENT # N07041

1. Corporation Name
 BONITA BAY COMMUNITY ASSOCIATION, INC.

Principal Place of Business
 3451 BONITA BAY BLVD
 SUITE 202
 BONITA SPRINGS FL 34134-4336
 US

Mailing Address
 3451 BONITA BAY BLVD
 SUITE 202
 BONITA SPRINGS FL 33923
 US



2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip
 24 Country

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip
 29 Country

3. Date Incorporated or Qualified
 01/10/1985

4. FEI Number
 59-2497446

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. Name and Address of Current Registered Agent
 GILKEY, DENNIS E
 BONITA BAY COMMUNITY ASSOCIATION INC
 3451 BONITA BAY BLVD STE 202
 BONITA SPRINGS FL 33923

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
 FL 85 Zip Code 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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DV	DELETED
NAME	RODGERS, EDMUND W J	
STREET ADDRESS	3451 BONITA BAY, SW #202	
CITY-ST-ZIP	BONITA SPRINGS FL	
TITLE	STD	DELETED
NAME	SCHESTAG, HARVEY R	
STREET ADDRESS	3451 BONITA BAY BLVD STE 202	
CITY-ST-ZIP	BONITA SPRINGS FL	
TITLE	PD	DELETED
NAME	GILKEY, DENNIS	
STREET ADDRESS	3451 BONITA BAY, SW #202	
CITY-ST-ZIP	BONITA SPRINGS FL	
TITLE		DELETED
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETED
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETED
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Rodgers, Ed	
1.3 STREET ADDRESS	Bonita Springs, FL 34134	
1.4 CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE		
2.2 NAME		
2.3 STREET ADDRESS	Bonita Springs, FL 34134	
2.4 CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE		
3.2 NAME	Gilkey, Dennis E	
3.3 STREET ADDRESS	Bonita Springs, FL 34134	
3.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE		
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE		
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE		
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. **SIGNATURE REQUIRED**

SIGNATURE: _____ DATE: 3/18/99 (94) 495-1000
 Signature and typed or printed name of signing officer or director Daytime Phone #