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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

NONPROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N30833 (0)
1. Corporation Name
MONTARA BONITA BAY ASSOCIATION, INC.



Principal Place of Business Mailing Address

% THE WARNER CORP
886 NORTH 110TH AVE #7
NAPLES FL 33963
US

% THE WARNER CORP
886 N 110TH AVE #7
NAPLES FL 34108-1876
US

3. Date Incorporated or Qualified **02/23/1989** 3a. Date of Last Report **04/18/1996**

4. FEI Number **65-0165710** 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**

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

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 24 Country 28 Zip 30 Country

24 **34108** 25 Country 28 **34108** 30 Country

9. Name and Address of Current Registered Agent

WARNER, BRYAN J.
886 NORTH 110TH AVE
STE 7
NAPLES FL 33963

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 **34108**

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]* **Bryan J Warner** DATE **1/14/97**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	Mr. Charles Cavallere PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARALIERE, CHARLES	1.2 NAME	President
STREET ADDRESS	3237 MONTARA DR	1.3 STREET ADDRESS	3237 Montara Drive
CITY-ST-ZIP	BONITA SPRINGS FL	1.4 CITY-ST-ZIP	Bonita Springs, Fl 34134
TITLE	STD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THIEMAN, ROBERT	2.2 NAME	
STREET ADDRESS	3272 MONTARA DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS FL	2.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	Mr. George Lieberman VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIEBERMAN, GEORGE	3.2 NAME	Vice President
STREET ADDRESS	3364 MONTARA DRIVE	3.3 STREET ADDRESS	3364 Montara Drive
CITY-ST-ZIP	BONITA SPRINGS FL	3.4 CITY-ST-ZIP	Bonita Springs, Fl 34134
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	Mrs. Jo Ann Vogel STD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Secretary/Treasurer
STREET ADDRESS		5.3 STREET ADDRESS	3352 Montara Drive
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Bonita Springs, Fl 34134
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	BANK <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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)(l), 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: **January 13, 1997**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)