


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 16 1998 8:00am
Secretary of State

| | | |
|---|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | 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 % THE WARNER CORP 886 NORTH 110TH AVE #7 NAPLES FL 34108 US | Mailing Address % THE WARNER CORP 886 NORTH 110TH AVE #7 NAPLES FL 34108 US |
|---|---|

| | |
|--|--|
| 3. Date incorporated or Qualified 02/23/1989 | Applied For <input type="checkbox"/> |
| 4. FEI Number 65-0165710 | Not Applicable <input type="checkbox"/> |
| 5. Certificate of Status Desired <input 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 | 2a. Mailing Address 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 | Country 25 |
| Zip 29 | Country 30 |

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 |
| 85 Zip Code |

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 | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|--|
| TITLE PD | NAME CARALIERE, CHARLES | 1.1 TITLE Mr. Vincent Gatto | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS 3237 MONTARA DR | CITY-ST-ZIP BONITA SPRINGS FL 34134 | 1.2 NAME Director | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE STD | NAME VOGEL, JO ANN | 1.3 STREET ADDRESS 3342 Montara Drive | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS 3352 MONTARA DRIVE | CITY-ST-ZIP BONITA SPRINGS FL 34134 | 1.4 CITY-ST-ZIP Bonita Springs, Fl 34134 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE VD | NAME LIEBERMAN, GEORGE | 2.1 TITLE Mr. & Mrs. John Watson | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS 3364 MONTARA DRIVE | CITY-ST-ZIP BONITA SPRINGS FL 34134 | 2.2 NAME Director | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE DELETED | NAME DELETED | 2.3 STREET ADDRESS 3284 Montara Drive | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE DELETED | NAME DELETED | 2.4 CITY-ST-ZIP Bonita Springs, Fl 34134 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE DELETED | NAME DELETED | 3.1 TITLE Mr. Charles Cavaliere | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE DELETED | NAME DELETED | 3.2 NAME President | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE DELETED | NAME DELETED | 3.3 STREET ADDRESS 3237 Montara Drive | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE DELETED | NAME DELETED | 3.4 CITY-ST-ZIP Bonita Springs, Fl 33923 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE DELETED | NAME DELETED | 4.1 TITLE DELETED | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE DELETED | NAME DELETED | 4.2 NAME DELETED | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE DELETED | NAME DELETED | 4.3 STREET ADDRESS DELETED | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE DELETED | NAME DELETED | 4.4 CITY-ST-ZIP DELETED | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE DELETED | NAME DELETED | 5.1 TITLE DELETED | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE DELETED | NAME DELETED | 5.2 NAME DELETED | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE DELETED | NAME DELETED | 5.3 STREET ADDRESS DELETED | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE DELETED | NAME DELETED | 5.4 CITY-ST-ZIP DELETED | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE DELETED | NAME DELETED | 6.1 TITLE DELETED | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE DELETED | NAME DELETED | 6.2 NAME DELETED | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE DELETED | NAME DELETED | 6.3 STREET ADDRESS DELETED | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE DELETED | NAME DELETED | 6.4 CITY-ST-ZIP DELETED | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *X Charles P. Cavaliere* **2-26-98**

CR2E037 (10/97)