

1-26-95 B-453-C 1300  
**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00** 216

CORPORATION  
 ANNUAL REPORT  
 1995



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

**FILED**  
 95 JAN 26 PM 3:35  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT # N37778 (0)**  
 1. Corporation Name  
**BONITA BEACH IMPROVEMENT ASSOCIATION, INC.**

DO NOT WRITE IN THIS SPACE.

Principal Place of Business		Mailing Address	
P.O. BOX 1382 BONITA SPRINGS FL 33959		P.O. BOX 1382 BONITA SPRINGS FL 33959	
21	2a	22	2b
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
23	27	City & State	
24	25	28	30
Zip		Country	

3. Date Incorporated or Qualified <b>04/20/1990</b>	3a. Date of Last Report <b>01/26/1994</b>
4. FEI Number <b>59-6154997</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$6.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>MARTENS, DONNA</b> <b>27535 HICKORY BLVD</b> <b>BONITA SPRINGS FL 33923</b>				B1	Name		
				B2	Street Address (P.O. Box Number is Not Acceptable)		
				B3			
				B4	City	<b>FL</b>	B5

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAGNER, ROBERT	1.2 NAME	
STREET ADDRESS	25900 HICKORY BLVD #601	1.3 STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTENS, DONNA	2.2 NAME	
STREET ADDRESS	27535 HICKORY BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAJESKE, JIM	3.2 NAME	
STREET ADDRESS	25840 HICKORY BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS FL	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHELLING, HENRY	4.2 NAME	
STREET ADDRESS	27875 KINGS KEW	4.3 STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FITZGERALD, SARA	5.2 NAME	Hossher Lillian
STREET ADDRESS	27537 HICKORY BLVD	5.3 STREET ADDRESS	26415 Bay Rd. SW
CITY-ST-ZIP	BONITA SPRINGS FL	5.4 CITY-ST-ZIP	Bonita Springs FL 33923
TITLE	D	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLY, EILEEN	6.2 NAME	EVANS Charlotte
STREET ADDRESS	5900 BONITA BEACH #1002	6.3 STREET ADDRESS	27050 Hickory Blvd
CITY-ST-ZIP	BONITA SPRINGS FL	6.4 CITY-ST-ZIP	Bonita Springs FL 33923

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: Henry Schelling Henry Schelling 1/17/95 813-992-2987  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR