

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)**

|   |   |  |
|---|---|--|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1996</b> |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|--|

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



|   |   |
|---|---|
| Principal Place of Business<br><b>P.O. BOX 1382<br/>BONITA SPRINGS FL 33959</b> | Mailing Address<br><b>P.O. BOX 1382<br/>BONITA SPRINGS FL 33959</b> |
|---|---|

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>04/20/1990</b>   | 3a. Date of Last Report<br><b>01/26/1995</b>           |
| 4. FEI Number<br><b>59-6154997</b>   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/>   | <b>\$8.75</b> Additional Fee Required                  |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>   | <b>\$5.00</b> May Be Added to Fees                     |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

|                                      |                           |
|--------------------------------------|---------------------------|
| 2. Principal Place of Business<br>21 | 2a. Mailing Address<br>26 |
| Suite, Apt. #, etc.<br>22            | Suite, Apt. #, etc.<br>27 |
| City & State<br>23                   | City & State<br>28        |
| Zip<br>24                            | Country<br>25             |
| Zip<br>29                            | Country<br>30             |

**9. Name and Address of Current Registered Agent**

**MARTENS, DONNA  
27535 HICKORY BLVD  
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

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

|                |                                |                                 |  |
|----------------|--------------------------------|---------------------------------|--|
| TITLE          | PD                             | <input type="checkbox"/> DELETE |  |
| NAME           | <b>WAGNER, ROBERT</b>          |                                 |  |
| STREET ADDRESS | <b>25900 HICKORY BLVD #801</b> |                                 |  |
| CITY-ST-ZIP    | <b>BONITA SPRINGS FL</b>       |                                 |  |
| TITLE          | VD                             | <input type="checkbox"/> DELETE |  |
| NAME           | <b>MARTENS, DONNA</b>          |                                 |  |
| STREET ADDRESS | <b>27535 HICKORY BLVD</b>      |                                 |  |
| CITY-ST-ZIP    | <b>BONITA SPRINGS FL</b>       |                                 |  |
| TITLE          | SD                             | <input type="checkbox"/> DELETE |  |
| NAME           | <b>MAJESKE, JIM</b>            |                                 |  |
| STREET ADDRESS | <b>25840 HICKORY BLVD</b>      |                                 |  |
| CITY-ST-ZIP    | <b>BONITA SPRINGS FL</b>       |                                 |  |
| TITLE          | TD                             | <input type="checkbox"/> DELETE |  |
| NAME           | <b>SCHELLING, HENRY</b>        |                                 |  |
| STREET ADDRESS | <b>27875 KINGS KEW</b>         |                                 |  |
| CITY-ST-ZIP    | <b>BONITA SPRINGS FL</b>       |                                 |  |
| TITLE          | D                              | <input type="checkbox"/> DELETE |  |
| NAME           | <b>HOSSHER, LILLIAN</b>        |                                 |  |
| STREET ADDRESS | <b>26415 BAY RD. SW</b>        |                                 |  |
| CITY-ST-ZIP    | <b>BONITA SPRINGS FL</b>       |                                 |  |
| TITLE          | D                              | <input type="checkbox"/> DELETE |  |
| NAME           | <b>EVANS, CHARLOTTE</b>        |                                 |  |
| STREET ADDRESS | <b>27050 HICKORY BLVD.</b>     |                                 |  |
| CITY-ST-ZIP    | <b>BONITA SPRINGS FL</b>       |                                 |  |

**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 type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |   |
| 3.3 STREET ADDRESS |   |
| 3.4 CITY-ST-ZIP    |   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |   |
| 4.3 STREET ADDRESS |   |
| 4.4 CITY-ST-ZIP    |   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |   |
| 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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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: \_\_\_\_\_ DATE: **6/6/96** DAYTIME PHONE #: **941 992-2997**

CR2E037 (3/96)