FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNÚAL REPORT

1997

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

DEAN, ELSIE

FT. MYERS FL

1915 HALGRIM AVE.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham .

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N38120

(4)

RESIDENT COUNCIL OF BONAIR TOWERS, INC.

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Principal Place	of Business		Maili	ing Address	-				1 38 84101	, 000 11101 10101 51	INTERPRETER OF	817 919 11 9 19) E() U()	
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2. Principal Place of Business Suite, Apt. #, etc.			2a. Mailing Address 26					4	. FEI Number	07000				Appl	lied For
									65-0327903					Not a	Applicabl
			Suite, Apt. #, etc.				5	5. Certificate of Status Desired					\$8.75 Additional Fee Required		
City & State			C	City & State				E	. Election Ca	mpaign Finar	ncing		\$5	.00 M	lay Be
3			28						Trust Fund	Contribution			Ac	ded to	Fees
Zip		untry	<u> </u>	Zip	— ¬	ountry	<i>'</i>	8	. This corpora					der s. 1	99.032,
	25		29		30				Florida Stati			Yes [
	9. Name and A	ddress of Curre	nt Register	red Agent		4	,		. Name and	Address of I	New Rec	latered /	agent		
						81	Name	9							
	DEAN, EĽSIE					82	Street	Street Address (P.O. Box Number is Not Acceptable)							
DEAN, E	ZSIE														
	isie Lgrim ave apt	708				L					·	,			
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1915 HA	lgrim ave apt	708					<u> </u>						Test	Zip Co	ode.
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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)(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.

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

63 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

DELETE

DELETE

Addition

Addition

800002096078---1 -02/13/97--01006--003 ****191.25 ****191.25

Dissolution of 12/20/96

Removed.

Change

FILED

97 FEB 11 PM 2: 11

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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