FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

FILED
97 FEB 11 PM 2:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N38120** **(4)**

1. Corporation Name

RESIDENT COUNCIL OF BONAIR TOWERS, INC.

Principal Place of Business	Mailing Address
% ELSIE DEAN 1915 HALGRIM AVE.. #708 FT. MYERS FL 33901	% ELSIE DEAN 1915 HALGRIM AVE.. #708 FT. MYERS FL 33901-7911

3. Date Incorporated or Qualified: 05/14/1990
3a. Date of Last Report: 02/14/1996

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

4. FEI Number: 65-0327903 ☐ 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

9. Name and Address of Current Registered Agent

DEAN, ELSIE
1915 HALGRIM AVE APT 708
FT MYERS FL 33901

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 _____ 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	☐ DELETE	1.1 TITLE	Evritha Daniels	☑ Change ☐ Addition
NAME	PROSS, GERALDINE		1.2 NAME		
STREET ADDRESS	1915 HALGRIM AVE		1.3 STREET ADDRESS	1915 Halgrim ave	
CITY-ST-ZIP	FT. MYERS FL		1.4 CITY-ST-ZIP	Ft. Myers, Fl.	
TITLE	VD	☐ DELETE	2.1 TITLE	V.P. Dakos John	☐ Change ☐ Addition
NAME	DAKOS, JOHN		2.2 NAME		
STREET ADDRESS	1915 HALGRIM #502		2.3 STREET ADDRESS	1915 Halgrim ave apt 519	
CITY-ST-ZIP	FORT MYERS FL 33916		2.4 CITY-ST-ZIP	Ft Myers Fla. 33901	
TITLE	S	☐ DELETE	3.1 TITLE	S. Wade Irene	☐ Change ☐ Addition
NAME	WADE, IRENE		3.2 NAME		
STREET ADDRESS	1915 HALGRIM AVE.		3.3 STREET ADDRESS	1915 Halgrim ave apt 100	
CITY-ST-ZIP	FT. MYERS FL		3.4 CITY-ST-ZIP	Ft Myers Fla 33901	
TITLE	TD	☐ DELETE	4.1 TITLE	T.D. Dean Elsie	☐ Change ☐ Addition
NAME	DEAN, ELSIE		4.2 NAME		
STREET ADDRESS	1915 HALGRIM AVE.		4.3 STREET ADDRESS	1915 Halgrim ave apt 708	
CITY-ST-ZIP	FT. MYERS FL		4.4 CITY-ST-ZIP	Ft Myers Fla. 33901	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME	800002086078--1	
STREET ADDRESS			5.3 STREET ADDRESS	-02/13/97--01006--003	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	****191.25 ****191.25	
TITLE		☐ DELETE	6.1 TITLE	(Dissolution of 12/20/96 Removed.	☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Payment Accepted For 1995 + 1997	SSH 2/11/97

CR2E037-(9/96)

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.