FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # N38/20

1. Corporation Name RESIDENT COUNCIL OF BONAIR TOWERS, INC

nc 9/3/92

1915 HALGRIM AVE.

Principal Place of Business

2. Principal Place of Business

1915 HALGRIM AVE

1915 HALGRIMANE

SAME

2a. Mailing Address

#208

May 10, 1999 8:00 am Secretary of State

05-10-1999 90254 022 ****61.25

538504 - 90254 - 25 4

3. Date Incorporated or Qualifed

65-0327903

4. FEI Number

05/14/19

Uny & Stati	в	City & State		5. Certificate of Status Desired	30.73 AC	allional
23 FOR	T MYERS FL _	28 FORT MY	IERS FL	5. Certificate of Status Desired	Fee Req	uired
Zio	Country	Zip		6. Election Campaign Financing	~\$5.00-N	lay Be - —
24 33901	1 25 U.S.A.	29 33901	30 USA	Trust Fund Contribution	Added to	Fees
	9. Name and Address of Current I	Registered Agent		10. Name and Address of New Registered	Agent	
			81 Name	nnie English		
			82 Street Add	dress (P.O. Box Number is Not Acceptable)		
				HALGRIM AVE. #20	<u> </u>	
			83	•		
			84 City		85 Zip Co	de
			FO	RT MYERS FI	L 339	10
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida St	atutes, the above-named cor-	poration submits this statement for the purpose of	of changing its re	gistered
office or re	egistered agent, or both, in the State of m familiar with, and accept the obligatio	Florida. Such change wa ns of. Section 617.0503.	is authorized by the corporat Florida Statutes.	ion's board of directors. I hereby accept the appe	ointment as regi	sterea
	Charin I . 1.	1 Pravident		05-29-	99	
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (N	OTE: Registered Agent signature requir	red when reinstating) DATE	<u> </u>	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A		
TITLE	· · · · · · · · · · · · · · · · · · ·	₩ DELETE		RESIDENT = P	🔀 Change	☐ Addition
NAME	ELSIE DEAN			INNIE ENGLISH		
STREET ADDRESS	1915 HALGRIM AVE	708	1.3 STREET ADDRESS / 9	915 HALGRIM AVE. #208		
CITY-ST-ZIP	FORT MYERS, FL33		1.4 CITY-ST-ZIP	ORTMYERS FL 33901		
TITLE		☐ DELETE	2.1 TITLE	' P	🔀 Change	Addition
NAME				RENE BONNER		
STREET ADDRESS			2.3 STREET ADDRESS /	915 HALGRIM AUE * 606		
CITY-ST-ZIP				ORT MYERS FL 33901		
TITLE		☐ DELETE	3.1 TITLE 5		Change	Addition
-NAME -			3.2 NAME	URGINIA CHENEY		
STREET ADDRESS			3.3 STREET ADDRESS /	915 HALERIM AVE #401		
CITY-ST-ZIP				ORT MYERS FL 33901		
TITLE		☐ DELETE			Change	☐ Addition
NAME			4.2 NAME	AL FULLER		
STREET ADDRESS			4.3 STREET ADDRESS / 9	15 HALERIM AVE #309		
CITY-ST-ZIP				ORT MYERS FL 33901		
TITLE		☐ DELETE		KAS		☐ Addition
NAME				URIEL QURA		
STREET ADDRESS			5 3 STREET ADDRESS	715 HALGRIM AVE \$204		
CITY-ST-ZIP			5.4 CITY-ST-ZIP	ORT MYERS FL33901		
TITLE		DELETE			Change	Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY+ST-ZIP			
	ertify that the information supplied with	this filing does not qualify	for the exemption stated in	Section 119.07(3)(i), Florida Statutes. I further ce	ertify that the info	ormation

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, with all other like empowered.

SIGNATURE:

05/29/99

X Applied For

Not Applicable