

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N38120

1. Entity Name

RESIDENT COUNCIL OF BONAIR TOWERS, INC.

FILED

Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90050 008 ****61.25

Principal Place of Business

Mailing Address

1915 HALGRIM AVE.
#208
FT. MYERS FL 33901

1915 HALGRIM AVE.
#208
FT. MYERS FL 33901-7911

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0327903

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ENGLISH, ANNIE
1915 HALGRIM AVE.
#208
FT MYERS FL 33901

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME ENGLISH, ANNIE
STREET ADDRESS 1915 HALGRIM AVE. #208
CITY-ST-ZIP FT. MYERS FL 33901

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD ☐ Delete
NAME BONNER, IRENE
STREET ADDRESS 1915 HALGRIM AVE. #606
CITY-ST-ZIP FORT MYERS FL 33901

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☒ Delete
NAME CHENEY, VIRGINIA
STREET ADDRESS 1915 HALGRIM AVE., #401
CITY-ST-ZIP FT. MYERS FL 33901

TITLE (S) ☒ Change ☐ Addition
NAME EINORA LAURENT
STREET ADDRESS 1915 HALGRIM AVE. #310
CITY-ST-ZIP FORT MYERS, FL 33901

TITLE TD ☐ Delete
NAME FULLER, VAL
STREET ADDRESS 1915 HALGRIM AVE., #309
CITY-ST-ZIP FT. MYERS FL 33901

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE AS ☒ Delete
NAME GURA, MURIEL
STREET ADDRESS 1915 HALGRIM AVE., #204
CITY-ST-ZIP FT MYERS FL 33901

TITLE ☒ Change ☐ Addition
NAME PARL.
STREET ADDRESS HENRY BLANCHARD
CITY-ST-ZIP 1915 HALGRIM AVE. #905
FORT MYERS, FL 33901

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANNIE ENGLISH **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCH 26, 2000 (941) 278-0065

Date

Daytime Phone #

CR2E047 (1/99)