

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 90409 010 ****61.25

DOCUMENT # N38120

1. Entity Name

RESIDENT COUNCIL OF BONAIR TOWERS, INC.

Principal Place of Business

1915 HALGRIM AVE.
 #208
 FT. MYERS FL 33901

Mailing Address

1915 HALGRIM AVE.
 #208
 FT. MYERS FL 33901

80057991



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1915 HALGRIM AVE
 Suite, Apt. #, etc.
 208

City & State
 FORT MYERS FL

Zip
 33901

Country
 USA

3. Mailing Address

1915 HALGRIM AVE
 Suite, Apt. #, etc.
 208

City & State
 FORT MYERS FL

Zip
 33901

Country
 USA

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

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

7. Name and Address of New Registered Agent

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 ¹

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

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

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 S
 LAURENT, EINORA
 1915 HALGRIM AVE 310
 FORT MYERS FL 33901 ☐ Delete

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

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 TD
 FAYE PORTER
 1915 HALGRIM AVE #508
 FORT MYERS FL 33901 ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 AS
 JOHN CHESTNUT
 1915 HALGRIM AVE #505
 FORT MYERS FL 33901 ☒ Change ☐ Addition

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

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 REQUIRED

5/11/01

(841) 278-0065

CR2E037 (10/00)