

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State

19964-29-96 B-4836 DIVISION OF CORPORATIONS C

DOCUMENT # **N40099** (6)

1. Corporation Name
THE SANCTUARY AT BONITA BAY HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
**4061 BONITA BEACH RD
203
BONITA SPRINGS FL 33923
US**

Mailing Address
**4061 BONITAL BEACH RD
203
BONITA SPRINGS FL 33923
US**

3. Date Incorporated or Qualified **08/27/1990** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business 2a. Mailing Address
21 26

4. FEI Number **31-1337244** Applied For Not Applicable

Suite, Apt. #, etc. 22 27

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

City & State 23 28

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

Zip Country 24 25 29 30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**CHARLES M. MORRIS
4061 BONITA BEACH RD #203
BONITA SPRINGS FL 33923**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, MICHAEL	1.2 NAME	
STREET ADDRESS	4061 BONITA BEACH RD #203	1.3 STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS FL	1.4 CITY-ST-ZIP	
TITLE	PTD <input type="checkbox"/> DELETE	2.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRIS, CHARLES M.	2.2 NAME	
STREET ADDRESS	4061 BONITA BEACH RD #203	2.3 STREET ADDRESS	
CITY-ST-ZIP	BONITA SPGS. FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	VP/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MITCHELL, THOMAS	3.2 NAME	
STREET ADDRESS	4061 BONITA BEACH RD #203	3.3 STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	ST/D Klisares, Bret
STREET ADDRESS		4.3 STREET ADDRESS	4061 Bonita Beach Rd #203
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Bonita Springs FL
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: _____ DATE: **4-16-96**

CR2E037 (12/95)