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Feb 12 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N40099 (6)

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

Principal Place of Business 886 110TH AVE. N. STE. #7 NAPLES FL 34108 US	Mailing Address 886 110TH AVE. N. STE. #7 NAPLES FL 34108-1876 US
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	30 Country

3. Date Incorporated or Qualified 08/27/1990	3a. Date of Last Report 04/29/1996
4. FEI Number 31-1337244	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**WARNER, BRYAN J
 886 110TH AVE. N., STE. #7
 NAPLES FL 34108**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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: *Bryan J Warner* **Bryan J Warner** DATE: **1/22/97**

12. OFFICERS AND DIRECTORS

TITLE	STD <input checked="" type="checkbox"/> DELETE
NAME	KLISARES, BRET
STREET ADDRESS	4061 BONITA BEACH ROAD #203
CITY-ST-ZIP	BONITA SPRINGS FL
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	MORRIS, CHARLES M.
STREET ADDRESS	4061 BONITA BEACH RD #203
CITY-ST-ZIP	BONITA SPGS. FL
TITLE	VPO <input type="checkbox"/> DELETE
NAME	MITCHELL, THOMAS
STREET ADDRESS	4061 BONITA BEACH RD #203
CITY-ST-ZIP	BONITA SPRINGS FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Mr. Thomas Mitchell
3.3 STREET ADDRESS	4277 Sanctuary Way
3.4 CITY-ST-ZIP	Bonita Springs, FI 34134
4.1 TITLE	STD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Mr. Donald Neal
4.3 STREET ADDRESS	4220 Sanctuary Way
4.4 CITY-ST-ZIP	Bonita Springs, FI 34134
5.1 TITLE	VPO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Mrs. Shirley Mueller
5.3 STREET ADDRESS	4236 Sanctuary Way
5.4 CITY-ST-ZIP	Bonita Springs, FI 34134
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 registered agent empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report and an attachment with an address.

SIGNATURE: *Shirley G. Mueller* **Shirley G. Mueller** DATE: **1/22/97** DAYTIME PHONE # **981-992-6272**

CR2E037 (9/96)