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Apr 13 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N42559 (7)  
1. Corporation Name  
ART LEAGUE OF BONITA SPRINGS, INC.



Principal Place of Business: POST OFFICE BOX 1034, BONITA SPRINGS FL 34133 US  
Mailing Address: POST OFFICE BOX 1034, BONITA SPRINGS FL 33959-1034

3. Date Incorporated or Qualified: 03/19/1991  
4. FEI Number: 65-0295085  
Applied For: Not Applicable

2. Principal Place of Business: 21 27308 OLD 41 ROAD, SUITE, APT. #, etc.  
22 BONITA SPRINGS FL, City & State  
23 34135, Zip  
25 U.S., Country

2a. Mailing Address: 26 POST OFFICE BOX 1034, SUITE, APT. #, etc.  
27 BONITA SPRINGS FL, City & State  
28 34133 - 1034, Zip  
30 U.S., Country

5. Certificate of Status Desired: \$8.75 Additional Fee Required  
6. Election Campaign Financing: \$5.00 May Be Added to Fees  
7. Is this nonprofit corporation a homeowners association? Yes No  
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent  
RICHARDSON, RALPH A.  
27725 OLD 41 ROAD  
SUITE 104  
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: Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP PECHETTE, JACQUELINE 24850 PENNYROYAL DR. BONITA SPRINGS FL 33923	1.1 TITLE	DP WISMAR, ROBERT 3668 WOODLAKE DR BONITA SPRINGS FL 34134
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	DVP GUST, DIANA 4723 OAK LEAF DRIVE NAPLES FL	2.1 TITLE	DVP GUST, DIANA 4723 OAK LEAF DRIVE NAPLES FL 34119
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	DRS EDEY, LOIS 25901 HICKORY BLVD., #402 BONITA SPRINGS FL	3.1 TITLE	DRS SNEEDEN, ELIZABETH 26550 CLARKSTON DR. BONITA SPRINGS FL 34135
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	DT GORMAN, CLAIRE 25541 FAIRWAY DUNES CT BONITA SPRINGS FL	4.1 TITLE	DT GORMAN, CLAIRE 25541 FAIRWAY DUNES CT BONITA SPRINGS FL 34135
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	DAT JOLICOEUR, LUCILLE 3330 CROSSING COURT #PH2 BONITA SPRINGS FL 33923	5.1 TITLE	DAT CAMERON, SANDY 24420 RESERVE CT #103 BONITA SPRINGS FL 34134
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	DCS LEPREY, MARION 9950 KENTUCKY ST. S.E. BONITA SPRINGS FL 33923	6.1 TITLE	DCS TRODEAU, ANITA 28428 VERDE LANE BONITA SPRINGS FL 34135
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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: CLARE M. GORMAN (M. Gorman) 4/13/98 (941)409-7272

CR2E037 (10/97)