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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **N44576** (9)
1. Corporation Name
LAKESIDE AT BONITA BAY ASSOCIATION, INC.

Principal Place of Business Mailing Address
4081 BAYHEAD DRIVE SUITE 101 BONITA SPRINGS FL 33923 US

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State #101 * 27 #101*(delete "SUITE")
23 Zip Country 28 Zip Country

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified **08/01/1991** 3a. Date of Last Report **08/15/1994**

4. FEI Number **65-0335550** Applied For Not Applicable

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

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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required

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

9. Name and Address of Current Registered Agent
**NELSON, SUE
4081 BAYHEAD DRIVE
SUITE 101
BONITA SPRINGS FL 33923**

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3 #101 (delete word "SUITE")
B4 City **FL** B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD NELSON, SUE 4081 BAYHEAD DRIVE, SUITE 101 BONITA SPRINGS FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition delete word suite) #101
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD KROPP, DOROTHY 4081 BAYHEAD DRIVE, SUITE 102 BONITA SPRINGS FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition delete word suite) #102
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD GRAY, GERALD 401 WISKEY POINT LANE, SUITE 101 BONITA SPRINGS FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition delete word suite) #101
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD AMMON, JOHN 4081 BAYHEAD DRIVE, SUITE 103 BONITA SPRINGS FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VP/D Wincek, Virginia 4001 Whiskey Pointe Lane, #201 Bonita Springs, FL 33923
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ATD THAELE, HARRO 4081 BAYHEAD DRIVE, SUITE 104 BONIT SPRINGS FL	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition T/D delete word suite) #104
TITLE NAME STREET ADDRESS CITY - ST - ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 110.07(3)(b), 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: Sue Nelson Pres. Sue Nelson, President 4/27/95 (813)992-4412

SIGNATURE AND TYPED OR PRINTED NAME OF BOILING OFFICER OR DIRECTOR (Date) (Signature Printed)