

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
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
BONITA SPRINGS FL 33923
US

4081 BAYHEAD DRIVE
BONITA SPRINGS FL 33923
US

3. Date Incorporated or Qualified
08/01/1991

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 **4081 BAYHEAD DRIVE**

26 **4081 BAYHEAD DRIVE**

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 **BONITA SPRINGS FL**

24 Zip

25 Country

29 **33923**

30 **US**

4. FEI Number

65-0335550

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**NELSON, SUE
4081 BAYHEAD DRIVE
BONITA SPRINGS FL 33923**

81 Name

NELSON, SUE

82 Street Address (P.O. Box Number is Not Acceptable)

4081 BAYHEAD DRIVE # 101

83

84 City

BONITA SPRINGS

FL

85 Zip Code

33923

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	PD <input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NELSON, SUE	1.2 NAME	NELSON, SUE
STREET ADDRESS	4081 BAYHEAD DRIVE #101	1.3 STREET ADDRESS	4081 BAYHEAD DRIVE # 101
CITY-ST-ZIP	BONITA SPRINGS FL	1.4 CITY-ST-ZIP	BONITA SPRINGS FL 33923
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	VPD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KROPP, DOROTHY	2.2 NAME	KROPP, DOROTHY
STREET ADDRESS	4081 BAYHEAD DRIVE #102	2.3 STREET ADDRESS	4081 BAYHEAD DRIVE # 102
CITY-ST-ZIP	BONITA SPRINGS FL	2.4 CITY-ST-ZIP	BONITA SPRINGS FL 33923
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	SD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAY, GERALD	3.2 NAME	GRAY, GERALD
STREET ADDRESS	4001 WHISKEY POINT LANE #101	3.3 STREET ADDRESS	4001 WHISKEY POINT LANE # 101
CITY-ST-ZIP	BONITA SPRINGS FL	3.4 CITY-ST-ZIP	BONITA SPRINGS FL 33923
TITLE	VPD <input type="checkbox"/> DELETE	4.1 TITLE	VPD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINCEK, VIRGINIA	4.2 NAME	WINCEK, VIRGINIA
STREET ADDRESS	4001 WHISKEY POINTE LANE, #201	4.3 STREET ADDRESS	4001 WHISKEY POINTE LANE # 201
CITY-ST-ZIP	BONITA SPRINGS FL	4.4 CITY-ST-ZIP	BONITA SPRINGS FL 33923
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	TD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THAELE, HARRO	5.2 NAME	THAELE, HARRO
STREET ADDRESS	4081 BAYHEAD DRIVE #104	5.3 STREET ADDRESS	4081 BAYHEAD DRIVE # 104
CITY-ST-ZIP	BONIT SPRINGS FL	5.4 CITY-ST-ZIP	BONITA SPRINGS FL 33923
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	

1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	NELSON, SUE
1.3 STREET ADDRESS	4081 BAYHEAD DRIVE # 101
1.4 CITY-ST-ZIP	BONITA SPRINGS FL 33923
2.1 TITLE	VPD <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	KROPP, DOROTHY
2.3 STREET ADDRESS	4081 BAYHEAD DRIVE # 102
2.4 CITY-ST-ZIP	BONITA SPRINGS FL 33923
3.1 TITLE	SD <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	GRAY, GERALD
3.3 STREET ADDRESS	4001 WHISKEY POINT LANE # 101
3.4 CITY-ST-ZIP	BONITA SPRINGS FL 33923
4.1 TITLE	VPD <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	WINCEK, VIRGINIA
4.3 STREET ADDRESS	4001 WHISKEY POINTE LANE # 201
4.4 CITY-ST-ZIP	BONITA SPRINGS FL 33923
5.1 TITLE	TD <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	THAELE, HARRO
5.3 STREET ADDRESS	4081 BAYHEAD DRIVE # 104
5.4 CITY-ST-ZIP	BONITA SPRINGS FL 33923
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 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: *Sue Nelson, Pres.* - **SUE NELSON, PRES.**

1-24-96 (941) 992-4412

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)