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Jan 25, 1999 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

01-25-1999 90006 046 *****61.25

DOCUMENT # **N44576**

1. Corporation Name

LAKESIDE AT BONITA BAY ASSOCIATION, INC.

Principal Place of Business

4081 BAYHEAD DRIVE
 BONITA SPRINGS FL 34134
 US

Mailing Address

4081 BAYHEAD DRIVE
 APT 104
 BONITA SPRINGS FL 34134
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

3. Date Incorporated or Qualified

08/01/1991

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

9. Name and Address of Current Registered Agent

NELSON, SUE
 4081 BAY HEAD DRIVE 101
 BONITA SPRINGS FL 34134

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

TITLE PD DELETE

NAME NELSON, SUE
 STREET ADDRESS 4081 BAYHEAD DRIVE #101
 CITY-ST-ZIP BONITA SPRINGS FL 34134

TITLE VPD DELETE

NAME KROPP, DOROTHY
 STREET ADDRESS 4081 BAYHEAD DRIVE #102
 CITY-ST-ZIP BONITA SPRINGS FL 34134

TITLE SD DELETE

NAME GRAY, GERALD
 STREET ADDRESS 4001 WHISKEY POINTE LANE 101
 CITY-ST-ZIP BONITA SPRINGS FL 34134

TITLE VPD DELETE

NAME WINCEK, VIRGINIA
 STREET ADDRESS 4001 WHISKEY POINTE LANE, #201
 CITY-ST-ZIP BONITA SPRINGS FL 34134

TITLE TD DELETE

NAME THAELE, HARRO
 STREET ADDRESS 4081 BAYHEAD DRIVE #104
 CITY-ST-ZIP BONITA SPRINGS FL 34134

TITLE DELETE

NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Sue Nelson Pres. 1-6-99 (941) 992-4412

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)