

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT,
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N95000000939 (7)**

1. Corporation Name

BONITA BEACH TRAILER PARK COOPERATIVE, INC.



Principal Place of Business

Mailing Address

3787 CARDINAL CIRCLE
BONITA SPRINGS FL 33923

3787 CARDINAL CIRCLE
BONITA SPRINGS FL 33923

3. Date Incorporated or Qualified

02/23/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 27800 Meadowlark Lane

26 BONITA BEACH TRAILER PARK
CO-OP INC.

4. FEI Number

65-057-0451

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Bonita Springs FL

28 P.O. BOX 2532
BONITA SPRINGS, FL 33959

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

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

☒ Yes

☐ No

24 Zip

25 County

29 Zip

30 Country

24 33134

25 Lee

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KORP, WILLIAM R
333 S. TAMiami TRAIL
SUITE 199
VENICE FL 34285

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 D
NAME SLATER, BRUCE
STREET ADDRESS 3787 CARDINAL CIRCLE
CITY-ST-ZIP BONITA SPRINGS FL 33923

1.1 TITLE D
1.2 NAME BLAINE SWOVELAND
1.3 STREET ADDRESS 3798 CARDINAL CIRCLE
1.4 CITY-ST-ZIP BONITA SPRINGS, FL 33134

TITLE D
NAME BENNETT, RAYMOND
STREET ADDRESS 3787 CARDINAL CIRCLE
CITY-ST-ZIP BONITA SPRINGS FL 33923

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D
NAME CUMMINS, JOHN
STREET ADDRESS 3787 CARDINAL CIRCLE
CITY-ST-ZIP BONITA SPRINGS FL 33923

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D
NAME GACCIONE, JAMES
STREET ADDRESS 3787 CARDINAL CIRCLE
CITY-ST-ZIP BONITA SPRINGS FL 33923

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D
NAME VAN HORN, BETTY
STREET ADDRESS 3787 CARDINAL CIRCLE
CITY-ST-ZIP BONITA SPRINGS FL 33923

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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:

John R. Cummins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN R. CUMMINS

Date

6/19/96

Daytime Phone #

941-498-1605

CR2E037 (3/96)