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Jan 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000000939 (7)**

1. Corporation Name

BONITA BEACH TRAILER PARK COOPERATIVE, INC.



Principal Place of Business

**27800 MEADOWBACK LANE
BONITA SPRINGS FL 34134
US**

Mailing Address

**BONITA BEACH TRAILER PARK
P O BOX 2532
BONITA SPRINGS FL 34133-2532
US**

3. Date Incorporated or Qualified
02/23/1995

3a. Date of Last Report
07/01/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip **34134**

25 Country

2a. Mailing Address

26 **27800 MEADOWLARK LANE**

28 **BONITA SPRING FL**

29 **34134**

30 **LEE**

4. FEI Number
65-0570451

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

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

9. Name and Address of Current Registered Agent

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

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 re-stating)

DATE

12. OFFICERS AND DIRECTORS

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

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

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

TITLE **D** ☐ DELETE
NAME **SWOVELAND, BLAINE**
STREET ADDRESS **3798 CARDINAL CIRCLE**
CITY-ST-ZIP **BONITA SPRINGS FL**

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

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 **D**
1.3 STREET ADDRESS **JERRY LEMONT**
1.4 CITY-ST-ZIP **3851 CARDINAL CIRCLE**
BONITA SPRINGS FL 34134 ☐ Change ☐ Addition

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

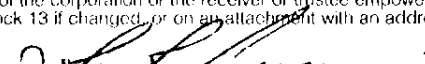
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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 do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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  1/22/97 944-488-1252

CR2E037 (9/96)