## **FILED**

## Apr 02, 1999 8:00 am § Secretary of State

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**NONPROFIT** CORPORATION ANNUAL REPORT

1999



DOCUMENT # N95000000939

FLORIDA DEPARTMENT OF STATE

**Katherine Harris** 

Secretary of State DIVISION OF CORPORATIONS

1. Corporation BONITA	Name, BEACH TRAILER PARK COC	OPERATIVE, INC.				<b>\</b>			
Principal Place of Business (1994) Mailing Address									
27800 MEADOWBACK LANE BONITA SPRINGS FL 34134 US  27800 MEADOWLARK LANE BONITA SPRINGS FL 34134 US									
	ASSET BANKS AND A				l	•			
2. Principal Pl	ace of Business	2a. Mailing Address				3. Date Incorporated or Qualif	ed		
21	FARMING OF	26				02/23/1995			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				4. FEI Number			lied For
22	· 是一个一般没有是"新科"。	27				65-0570451			Applicable
City & State	91 g. (4. 1) (7 (4. 1) 3s (4. 1) (8. 1) (8. 1) (8. 1) (8. 1)	City & State				5. Certifcate of Status Desired		\$8.75 A	
Zip	Country	Zip	Country	•		6. Election Campaign Financia	ng [T]	\$5.00	May Be
24	25 29 30					Trust Fund Contribution		Added to	Fees
	9. Name and Address of Current	Registered Agent				10. Name and Address of Ne	w Registered	Agent	
			81	Name					
KORP, WILLIAM R				Stroot	Addros	ss (P.O. Box Number is Not Acce	ntable)		
333 S. TAMIAMI TRAIL				Suberi	Audies	ss (F.O. Box Humber is Not Acc			
<b>400 C W.W. W. C C C C C C C C C C</b>				_					
SUITE 199 VENICE FL 34285								411 1 <del>5</del> 0 A	
VENICE FI	L 34265		84	City			FL	85 Zip C	ode
11. Pursuant office or r agent. I a	to the provisions of Sections 617.0502 egistered agent, or both, in the State o π familiar with, and accept the obligati	and 617.1508, Florida Statutes, th of Florida, Such change was author ons of, Section 617.0503, Florida S	ie above ized by Statutes	e-named the corpo	corpor oration	ation submits this statement for- 's board of directors. I hereby ac	he purpose of cept the appo	changing its intraent as reg	egistered istered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable /NOTE: Regist	tered Aner	i signatura r	required w	hen reinstating)	DATE		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO	OFFICERS A	ND DIRECTO	RS IN 12
TITLE	D		.1 TITLE		1 Ko		-	Change	Addition
NAME	SLATER, BRUCE		.2 NAME		1 2 2	1970 tardinal	Grole	<b>.</b>	
	3787 CARDINAL CIRCLE	1		ADDRESS	7 <u>L</u> °	onita Springs.	Ph 2	4134	
STREET ADDRESS	BONITA SPRINGS FL 33923	<u> </u>	1.4 CITY-S		70	bitter of approximation	ט	7137	
CITY-ST-ZIP			2.1 TITLE	1-27	1	·-···		Change	Addition
TITLE	DIONEY CARY	_	22 NAME						
NAME	DISNEY, GARY			- +					
STREET ADDRESS	27800 MEADOWLARK LN	1		TADDRESS					
CITY-ST-ZIP	BONITA SPRINGS FL 34134		2.4 CITY-5	51-ZIP	<del>                                     </del>	*		Change	☐ Addition
TITLE	D	<del>-</del> '	3.1 TITLE						
NAME	CUMMINS, JOHN		3.2 NAME						
STREET ADDRESS	3787 CARDINAL CIRCLE			TADDRESS					•
CITY-ST-ZIP	BONITA SPRINGS FL 33923		3.4. CITY-5	ST-ZIP	1			Change	Addition
TITLE	D	-	4.1 TITLE					☐ Griange	
- NAME	SWOVELAND, BLAINE		4: 2 NAME		<del> </del> -	موين المسلم المسلم في المعلق المنظوم ا	<del> </del>	<u>و معموم میں کو پہ</u>	· <del></del>
STREET ADDRESS	3798 CARDINAL CIRCLE	1	4.3 STREE	TADDRESS			;		
CITY-ST-ZIP	BONITA SPRINGS FL		4.4 CITY-S	T-ZIP	<u> </u>				
TITLE	D	DELETE	5.1 TITLE					Change	☐ Addition

CITY-ST-ZIP 14. 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 employered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter 0, or on any trachment with any other like empowered.

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

TEDTMAN, GLADYS

**BONITA SPRINGS FL 34134** 

3901 CARDINAL CIRCLE

PARTIE DELETE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

☐ Change

Addition