


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
 Aug 08 1997 8:00am  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # N96000006194 (2)**  
 1. Corporation Name  
**BULLARD SUBDIVISION HOME OWNERS ASSOCIATION, INC**



Principal Place of Business <b>640 NORTH 9TH STREET IMMOKALEE FL 33934-1671</b>	Mailing Address <b>640 NORTH 9TH STREET IMMOKALEE FL 33934-1671</b>
--	--

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>12/15/1996</b>	3a. Date of Last Report
4. FEI Number <b>59-1834379</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

9. Name and Address of Current Registered Agent

**SORENSEN, EDMUND H**  
~~640 NORTH 9TH STREET~~  
~~IMMOKALEE FL 33934-1671~~

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	<b>1285 Gulf Shore Blvd., N. #7-D</b>
83	
84 City	<b>Naples, FL</b>
85 Zip Code	<b>34102</b>

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 **Edmund H. Sorenson, President** *Edmund H. Sorenson* **7-28-97**  
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	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>SORENSEN, EDMUND H</b>	
STREET ADDRESS	<del>640 NORTH 9TH STREET</del>	
CITY-ST-ZIP	<del>IMMOKALEE FL 33934-1671</del>	
TITLE	<b>VPD</b>	<input type="checkbox"/> DELETE
NAME	<b>SMITH, CHARLES C</b>	
STREET ADDRESS	<b>640 NORTH 9TH STREET</b>	
CITY-ST-ZIP	<b>IMMOKALEE FL 33934-1671</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>FOSTER, SUZANNE</b>	
STREET ADDRESS	<b>640 NORTH 9TH STREET</b>	
CITY-ST-ZIP	<b>IMMOKALEE FL 33934-1671</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<del>SCHWEIG, PETER</del>	
STREET ADDRESS	<b>640 NORTH 9TH STREET</b>	
CITY-ST-ZIP	<b>IMMOKALEE FL 33934-1671</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>1285 Gulf Shore Blvd., N. #7-D</b>
1.4 CITY-ST-ZIP	<b>Naples, FL 34102</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>124 Moorings Park Dr., Apt. H101</b>
2.4 CITY-ST-ZIP	<b>Naples, FL 34105</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	<b>613 Hendry Street</b>
3.4 CITY-ST-ZIP	<b>Immokalee, FL 34142</b>
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>Schwiens, Peter</b>
4.3 STREET ADDRESS	<b>9225 The Lane</b>
4.4 CITY-ST-ZIP	<b>Naples, FL 34109</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 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.

SIGNATURE *Suzanne D. Foster* **Suzanne D. Foster, Secretary** **7/21/97 941-657-4416**  
**SIGNATURE REQUIRED**

CP2E037 (4/97)