

**FJLE NOW: FILING FEE IS \$61.25**

**FILED**

**Feb 04 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

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



Principal Place of Business: **640 NORTH 9TH STREET IMMOKALEE FL 33934-1671**  
Mailing Address: **640 NORTH 9TH STREET IMMOKALEE FL 33934-1671**

3. Date Incorporated or Qualified: **12/15/1996**  
4. FEI Number: **59-1834379**  
Applied For:  Not Applicable:

2. Principal Place of Business: **21**  
2a. Mailing Address: **28 P.O. BOX 1671**  
Suite, Apt. #, etc.: **22**  
City & State: **23 IMMOKALEE, FL**  
Zip: **24 34143-1671** Country: **25 COLLIER**

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
7. Is this nonprofit corporation a homeowners association?  Yes  No  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
**SORENSEN, EDMUND H  
1285 GULF SHORE BLVD N #7-D  
NAPLES FL 34102**

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: *Edmund H Sorenson* (NOTE: Registered Agent signature required when reinstating) DATE: **Jan. 22, 1998**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SORENSEN, EDMUND H	
STREET ADDRESS	1285 GULF SHORE BLVD N #7-D	
CITY-ST-ZIP	NAPLES FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	SMITH, CHARLES C	
STREET ADDRESS	124 MOORINGS PARK DR #H-101	
CITY-ST-ZIP	NAPLES FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	FOSTER, SUZANNE	
STREET ADDRESS	<del>619 HENDRY ST</del>	
CITY-ST-ZIP	IMMOKALEE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SCHWIERS, PETER	
STREET ADDRESS	9225 THE LANE	
CITY-ST-ZIP	NAPLES FL	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	<b>701 HENDRY ST</b>
3.4 CITY-ST-ZIP	<b>IMMOKALEE, FL 34142-2946</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	<b>600002423046</b>
5.4 CITY-ST-ZIP	<b>-02/06/98--01003--022</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>***61.25</b>
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.

SIGNATURE: *Suzanne Foster* DATE: **1-21-98 (1041) 1657-4466**

CR2E037 (10/97)