

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 05 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000072190 (7)

1. Corporation Name
HORIZONS AT BONITA BAY, INC.



Principal Place of Business
4200 GULF SHORE BLVD. NORTH
NAPLES FL 34103

Mailing Address
4200 GULF SHORE BLVD. NORTH
NAPLES FL 34103-3436

3. Date Incorporated or Qualified
08/27/1996

3a. Date of Last Report

2. Principal Place of Business
21
Suite, Apt #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt #, etc.
27
City & State
28
Zip
29
Country
30

4. FEI Number
59-3422821

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

CATALANO, ANTHONY J
4001 TAMiami TRAIL NORTH
SUITE 404
NAPLES FL 34103

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-appointing) DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE	Change	Addition
PD	SCOTT F. LUTGERT	4200 GULF SHORE BLVD., NORTH	NAPLES, FLORIDA 34103	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VSD	RICHARD J. BAKER	4200 GULF SHORE BLVD., NORTH	NAPLES, FLORIDA 34103	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VTASD	HOWARD B. GUTMAN	4200 GULF SHORE BLVD., NORTH	NAPLES, FLORIDA 34103	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 person or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: HOWARD B. GUTMAN (941) 261-6100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)