

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N93000003526 (1)

1. Corporation Name

BONNEVILLE PINES HOMEOWNERS ASSOCIATION, INC.

FEI Number should be
59-3231583



Principal Place of Business

Mailing Address

5010 GRAMONT AVENUE
ORLANDO FL 32812

5010 GRAMONT AVENUE
ORLANDO FL 32812

3. Date Incorporated or Qualified
08/05/1993

3a. Date of Last Report
03/22/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3231580

Applied For

☒ Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

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

10. Name and Address of New Registered Agent

WILLIAMS, JAMES L
5010 GRAMONT AVENUE
ORLANDO FL 32812

81 Name

Bob Harrell

82 Street Address (P.O. Box Number is Not Acceptable)

5300 S Orange Avenue

83

84 City

Orlando

FL

85 Zip Code

32809

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 reinstating)

May 9, 1996

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12

TITLE PD
NAME WILLIAMS, JAMES L
STREET ADDRESS 5010 GRAMONT AVENUE
CITY-ST-ZIP ORLANDO FL 32812

☒ DELETE

1.1 TITLE ~~PD~~
1.2 NAME Harold Rousch
1.3 STREET ADDRESS 2442 RADNER AVE
1.4 CITY-ST-ZIP Orlando, FL 32812

☐ Change ☒ Addition

TITLE VD
NAME KIRK, WILLIAM M
STREET ADDRESS 5010 GRAMONT AVENUE
CITY-ST-ZIP ORLANDO FL 32812

☒ DELETE

2.1 TITLE ~~VD~~
2.2 NAME James McGill
2.3 STREET ADDRESS 2012 Donegan Pl
2.4 CITY-ST-ZIP Orlando, FL 32812

☐ Change ☒ Addition

TITLE TD
NAME WILLIAMS, ILDA
STREET ADDRESS 5010 GRAMONT AVENUE
CITY-ST-ZIP ORLANDO FL 32812

☒ DELETE

3.1 TITLE ~~TD~~
3.2 NAME Bob Harrell
3.3 STREET ADDRESS 5300 S. Orange Ave
3.4 CITY-ST-ZIP Orlando, FL 32809

☐ Change ☒ Addition

TITLE S
NAME KIRK, BETTY L
STREET ADDRESS % 5010 GRAMONT AVENUE
CITY-ST-ZIP ORLANDO FL 32812

☒ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 9, 1996

Date

407/859-2601

Daytime Phone

CR2E037 (12/95)