

**FILED**  
**Aug 18, 1999 8:00 am**  
**Secretary of State**

08-18-1999 90005 015 \*\*\*\*61.25

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N93000003526**

1. Corporation Name

**BONNEVILLE PINES HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

11929 E COLONIAL DR  
STE 322  
ORLANDO FL 32826  
US

Mailing Address

11929 E COLONIAL DR  
STE 322  
ORLANDO FL 32826  
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		08/05/1993	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-3231583	
24 Country		29 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25		30		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

**CICCKETTI, DONNA J.**  
**2426 RADNOR AVE**  
**ORLANDO FL 32826**

10. Name and Address of New Registered Agent

81 Name **KNIGHT, DONNA J.**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**2426 RADNOR AVE**  
83  
84 City **ORLANDO** FL 85 Zip Code **32826**

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 **DONNA J. KNIGHT** *Donna J. Knight* **8/9/99**  
Signature, typed or printed name of registered agent and title if applicable. (Not for Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CICCKETTI, DONNA J.</b>	1.2 NAME	<b>KNIGHT, DONNA J.</b>
STREET ADDRESS	<b>2426 RADNOR AVE</b>	1.3 STREET ADDRESS	<b>2426 RADNOR AVE.</b>
CITY-ST-ZIP	<b>ORLANDO FL 32826</b>	1.4 CITY-ST-ZIP	<b>ORLANDO FL 32826</b>
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>AUSTIN, JOHN MARK</b>	2.2 NAME	<b>SAME</b>
STREET ADDRESS	<b>2000 DONEGAN PLACE</b>	2.3 STREET ADDRESS	<b>SAME</b>
CITY-ST-ZIP	<b>ORLANDO FL 32826</b>	2.4 CITY-ST-ZIP	<b>SAME</b>
TITLE	TD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BROOKSHIRE, DIANE</b>	3.2 NAME	<b>ANDREW J. VERSTRATE</b>
STREET ADDRESS	<b>13759 GLASSER AVE</b>	3.3 STREET ADDRESS	<b>13831 GLASSER AVE</b>
CITY-ST-ZIP	<b>ORLANDO FL</b>	3.4 CITY-ST-ZIP	<b>ORLANDO FL 32826</b>
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CORRADO, EDWARD</b>	4.2 NAME	<b>CORRADO, EDWARD</b>
STREET ADDRESS	<b>2220 DONEGAN PLACE</b>	4.3 STREET ADDRESS	<b>2220 DONEGAN PLACE</b>
CITY-ST-ZIP	<b>ORLANDO FL 32826</b>	4.4 CITY-ST-ZIP	<b>ORLANDO FL 32826</b>
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCKINNEY, KEVIN</b>	5.2 NAME	<b>SAME</b>
STREET ADDRESS	<b>2313 DONEGAN PLACE</b>	5.3 STREET ADDRESS	<b>SAME</b>
CITY-ST-ZIP	<b>ORLANDO FL 32826</b>	5.4 CITY-ST-ZIP	<b>SAME</b>
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NAST, ROBERT</b>	6.2 NAME	<b>SAME</b>
STREET ADDRESS	<b>2008 DONEGAN PLACE</b>	6.3 STREET ADDRESS	<b>SAME</b>
CITY-ST-ZIP	<b>ORLANDO FL 32826</b>	6.4 CITY-ST-ZIP	<b>SAME</b>

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, with all other like empowered.

SIGNATURE: *Donna J. Knight* **DONNA J. KNIGHT** **8/9/99** **407-380-9831**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

59-3231583 BONNEVILLE PINES HOA

ADDITIONAL DIRECTOR:

607282-90005-15

D

ADDITION

N93000003526

ROUSCH, HAROLD  
2442 RADNOR DRIVE  
ORLANDO, FL 32826