FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

727585

(2)

BONITA SPRINGS BOARD OF REALTORS, INC.

Principal Place of Business Mailing Address							*** ALBIY AIRII AIAII	A.A.: BIGIT A1811 (88)	
			SE OLD 41 ROAD A SPRINGS FL 33923						
						3. Date Incorporated or Qualified 10/01/1973	3a. Date of t 04/2	ast Report 6/1995	
2. Principal Pa	ace of Business	2a. Mailing Address				4. FEI Number 59-1708371	Applied For		
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable			
22		27				Certificate of Status Desired	11	.75 Additional see Required	
City & State		City & State				6. Election Campaign Financing	\$	5.00 May Be	
23 Zip			Country	Country		Trust Fund Contribution	<u> </u>	dded to Fees	
24	25	29		30		This corporation has liability for int Florida Statutes	intangible tax under s. 199.032, Yes Ki No		
	9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
00548	101111		81		Name			·	
	JOHN D. INE PROFESSIONAL PLAZA		82	t	Street Ack	et Address (P.O. Box Number is Not Acceptable)			
	ONITA BEACH ROAD #204		83	┝					
	SPRINGS FL 33923			L					
			84		City		FL 85	Zıp Code	
 Pursuant t or register 	to the provisions of Sections 617.0502 red agent, or both, in the State of Flori	2 and 617.1508, Florida Statut da, Such change was authori:	tes, the above-r	nai	med corpo	oration submits this statement for the purpo and of directors. I hereby accept the appoin	se of changing	its registered office	
familiar wit	th, and accept the obligations of, Sect	tion 617.0503, Florida Statute	s.	, nor	ation 5 bos	ard of directors. Thereby accept the appoint	unent as registi	ered agent. I am	
SIGNATURE _	Signature, typed or printed name of registered agent	and title if smok-able. We	OTE Registered Agen						
12.		D DIRECTORS	13.		ignature require	ADD:TIONS/CHANGES TO OFFIC	DATE ERS AND DURE	CLORS IN 12	
THLE	PP	⊠ DELETE	11 TOTLE	_	P		Char		
NAME	BRODERSEN, TOM		1.2 NAME			enry J. Hoclstetle:	c _		
STREET ADDRESS	27180 RICKVIEW CT		13 STREET	ΑĽ		940 Bonita Beach Ro			
CITY-ST-ZIP	BONITA SPRINGS FL		14 CITY - S	ST -	.ZIP BC	onita Springs, FL	33923		
TIFLE	ROACH, DOROTHY	∑ DELETE	2 1 TITLE		S		Char	nge 🔀 Addition	
NAME STOCET ADODGES	4501 SPRING CREEK BOX 1:	33	2 2 NAME			arilyn Plath	" 3 0 0		
STREET ADDRESS CITY-ST-ZIP	BONITA SPRINGS FL					5010 Cypress Hollow			
TITLE	T	⊠ DELETE	2 4 CiTY-5 3 1 TiTLE	51-	T	onita Springs, FL	33923 Char	nge Addition	
NAME	Witsken, Mary Lou		3.2 NAME			dward Zant	_	igo [#] riddittori	
STREET ADDRESS	4061 BONITA BEACH RD, #	109	3 3 STREET	'AC		040 Bonita Beach Ro			
CITY-ST-ZIP	BONITA SPRINGS FL		3 4. CITY - 9	ST-	-ZIP BC	onita Springs, FL	33923		
TITLE	D	▼ DELETE	4.1 TITLE		R.	an Burdick	☐ Char	nge 🔀 Addition	
NAME	MOUNTAIN, DUANE		4 2 NAME		3.5	370 Bonita Beach Ro	9		
STREET ADDRESS	27340 OLD 41 RD BONITA SPRINGS FL		4.3 STREET		DOKESS B	onita Springs, FL			
CITY-ST-ZIP TITLE	D DONATA SENINGS FL	⊠ DELETE	4 4 CITY - S	1.	ZIP	onited byrings, in			
NAME	DEANGELIS, NANCY	M otte it	5 1 TITLE 5 2 NAME		D Vi	ickee Douglas	☐ Char	nge 🔀 Addition	
STREET ADDRESS	9040 BONITA BCH RD		5 3 STREET	. 40	0.0	040 Bonita Beach Ro	1 .		
CITY-S!-ZIP	BONITA SPGS FL		5 4 CITY-S		De	onita Sorings, FL	33923		
THLE	S	⊠ DELETE	6 1 TITLE	···	<u> D</u>		☐ Char	nge 🔀 Addition	
NAME	EDWARDS, KATHY		6.2 NAME			ary Lou Witsken	_	_	
STREET ADDRESS	3900 LAKEMONT DR		6 3 STREET	AD	DORESS 4(061 Bonita Beach Ro	3. Ste.	109	
CITY-SI-ZiP	BONITA SPRINGS FL		64 CITY-S	Τ-,	71P B C	onita Springs, FL	33923		
Certify that	Line imumakan mukalea on inis anni	iai report or supolemental and	ALIA FACOUTIE TO	10	and accura	for the exemption stated in Section 119.07 ate and that my signature shall have the sa	A lecel -#44	A A 16 4 - 1 - 1 - 1 -	
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:

GNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-86

Date

Daytime Phone #

. I INDIN 1884 JERIS ARRAS MILAN IDIOX OLEN ALBU DIBLI DIDIL DIDIL DIDIL BIDIS BIDIS

CH2E037 (12/9