


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Sep 16, 1999 8:00 am
Secretary of State

09-16-1999 90007 007 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # 729333 ✓		
1. Corporation Name THE CIVIC ASSOCIATION OF IMPERIAL HARBOR, INC.		
Principal Place of Business POST OFFICE BOX 868 BONITA SPRINGS FL 33923	Mailing Address POST OFFICE BOX 868 BONITA SPRINGS FL 33923	



21	2. Principal Place of Business	2a	Mailing Address	3.	Date Incorporated or Qualified
		26	P.O. Box 366064		04/11/1974
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	4.	FEI Number
					23-7437268
23	City & State	28	City & State	5.	Certificate of Status Desired
			Bonita Springs FL		<input type="checkbox"/> \$8.75 Additional Fee Required
24	Zip	29	Zip	6.	Election Campaign Financing
	Country	30	Country		Trust Fund Contribution
			LEE		<input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
RINGS, NORMAN 26220 IMPERIAL HARBOR BLVD. BONITA SPRINGS FL 34135				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	85	Zip Code
					FL		

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MANNELL, AL			1.2 NAME	RINGS, NORMAN		
STREET ADDRESS	26258 PRINCESS LANE			1.3 STREET ADDRESS	366064 IMPERIAL HARBOR BLVD		
CITY-ST-ZIP	BONITA SPRINGS FL 34135			1.4 CITY-ST-ZIP	BONITA SPRINGS, FL 34135		
TITLE	D	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	VP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RICE, FRANK			2.2 NAME	LARRY HASCO		
STREET ADDRESS	26099 COUNTESS LANE			2.3 STREET ADDRESS	26249 QUEEN MARY LN		
CITY-ST-ZIP	BONITA SPRINGS FL 34135			2.4 CITY-ST-ZIP	BONITA SPRINGS, FL 34135		
TITLE	SD	<input type="checkbox"/> DELETE		3.1 TITLE	SD	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PICKRUM, LEE			3.2 NAME	LEE PICKRUM		
STREET ADDRESS	9293 BARON RD			3.3 STREET ADDRESS	9293 BARON RD		
CITY-ST-ZIP	BONITA SPRINGS FL 34135			3.4 CITY-ST-ZIP	BONITA SPRINGS, FL 34135		
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	PETER JUSTUS	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HUNTINGTON, JONATHAN			4.2 NAME	PETER JUSTUS		
STREET ADDRESS	26070 PRINCESS LANE			4.3 STREET ADDRESS	26070 PRINCESS LN		
CITY-ST-ZIP	BONITA SPRINGS FL 34135			4.4 CITY-ST-ZIP	BONITA SPRINGS, FL 34135		
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LEITER, WAYNE			5.2 NAME	RICHARD MARIN		
STREET ADDRESS	26074 PRINCESS LANE			5.3 STREET ADDRESS	26074 DUCHESS LN		
CITY-ST-ZIP	BONITA SPRINGS FL			5.4 CITY-ST-ZIP	BONITA SPRINGS, FL 34135		
TITLE	PD	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RINGS, NORMAN			6.2 NAME			
STREET ADDRESS	26220 IMPERIAL HARBOR BLVD			6.3 STREET ADDRESS			
CITY-ST-ZIP	BONITA SPRINGS FL 34135			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, with all other like empowered.

SIGNATURE: Lee Pickrum SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: 9-7-99
 Daytime Phone #: 941-947-1876

CR2E037 (5/99)