

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).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Jul 23, 1999 8:00 am
Secretary of State

07-23-1999 90003 014 ****61.25

DOCUMENT # 740280

1. Corporation Name

BONITA SPRINGS AREA CHAMBER OF COMMERCE, INC.

Principal Place of Business

25071 CHAMBER OF COMMERCE DR
BONITA SPRINGS FL 34135
US

Mailing Address

25071 CHAMBER OF COMM DR
BONITA SPRINGS FL 34135
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

09/30/1977

4. FEI Number

59-1694019

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

9. Name and Address of Current Registered Agent

KEEFER, NANCY P
25071 CHAMBER OF COMMERCE DR
BONITA SPRINGS FL 34135

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 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)

DATE

7/7/99

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE
NAME HELBING, VICKIE
STREET ADDRESS 3791 CRACKER WAY
CITY-ST-ZIP BONITA SPRINGS FL

TITLE D ☐ DELETE
NAME LEPOLA, R.A.
STREET ADDRESS 3501 BONITA BAY BLVD
CITY-ST-ZIP BONITA SPRINGS FL

TITLE DPP ☐ DELETE
NAME VAN RITE, SHARON
STREET ADDRESS 886-110TH AVENUE #5
CITY-ST-ZIP NAPLES FL 34110

TITLE D ☐ DELETE
NAME CANTWELL, DENNIS
STREET ADDRESS 3501 BONITA BAY BLVD
CITY-ST-ZIP BONITA SPRINGS FL

TITLE D ☐ DELETE
NAME VAN RITE, SHARON
STREET ADDRESS 886 110TH AVE #5
CITY-ST-ZIP NAPLES FL

TITLE ED ☐ DELETE
NAME KEEFER, NANCY P
STREET ADDRESS 25071 CHAMBER OF COMMERCE DR
CITY-ST-ZIP BONITA SPRINGS FL 34135

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Chairman of the Board ☐ Change ☒ Addition
1.2 NAME Richard GARVER
1.3 STREET ADDRESS 4090 Marshview Court
1.4 CITY-ST-ZIP Bonita Springs, FL 34134

2.1 TITLE 1st Vice Chair ☐ Change ☒ Addition
2.2 NAME G. Donald Thompson, Esq.
2.3 STREET ADDRESS 3461 Bonita Bay Blvd.
2.4 CITY-ST-ZIP Bonita Springs FL 34134

3.1 TITLE Treasurer ☐ Change ☒ Addition
3.2 NAME DAVID DAWSON, Esq.
3.3 STREET ADDRESS 26811 So. Bay Drive
3.4 CITY-ST-ZIP Bonita Springs FL 34134

4.1 TITLE D. ☐ Change ☒ Addition
4.2 NAME DR STEVE McTUTOSH
4.3 STREET ADDRESS 24461 Woodsage Dr.
4.4 CITY-ST-ZIP Bonita Springs, FL 34134

5.1 TITLE D ☐ Change ☒ Addition
5.2 NAME Rebecca Andrews
5.3 STREET ADDRESS 3960 Via Del Rey
5.4 CITY-ST-ZIP Bonita Springs FL 34134

6.1 TITLE D. ☐ Change ☐ Addition
6.2 NAME STEVE TRONAK
6.3 STREET ADDRESS 3461 Bay Blvd
6.4 CITY-ST-ZIP Bonita Springs FL 34134

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/7/99 941-992-2943

CR2E037 (5/99)