

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 # **755915** (6)

1. Corporation Name

BONITA ISLE MANAGEMENT ASSOCIATION, INC.



Principal Place of Business

Mailing Address

% EDWARD DICKER
500 AUSTRALIAN AVENUE SOUTH, SUITE 600
WEST PALM BEACH FL 33401

% EDWARD DICKER
8130 HAVASU CT
LAKE WORTH FL 33467
US

3. Date Incorporated or Qualified
01/15/1981

3a. Date of Last Report
03/24/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-2150221

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

Zip

Country

Zip

Country

24

25

29

30

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

ST. JOHN, KING & DICKER
500 AUSTRALIAN AVENUE SOUTH, SUITE 600
LAKE WORTH FL 33467

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

Edward Dicker

3/26/96

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **PD MASSUCCI, RALPH**
STREET ADDRESS **5434 ALTA WAY**
CITY-ST-ZIP **LAKE WORTH FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D DENEZZA, PHILIP**
STREET ADDRESS **8450 BONITA ISLE DRIVE**
CITY-ST-ZIP **LAKE WORTH FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☒ DELETE
NAME **~~TD GILLIG, PHILIP~~**
STREET ADDRESS **~~8507 BONITA ISLE DR.~~**
CITY-ST-ZIP **~~LAKE WORTH FL~~**

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **MARC DICKER STD**
3.3 STREET ADDRESS **8345 BONITA ISLE DR.**
3.4 CITY-ST-ZIP **LAKE WORTH FL 33467**

TITLE ☐ DELETE
NAME **D MARZELLI, NICHOLAS**
STREET ADDRESS **5385 ALTA WAY**
CITY-ST-ZIP **LAKE WORTH FL**

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

TITLE ☐ DELETE
NAME **VPD CHERNACK, JESS**
STREET ADDRESS **8453 BONITA ISLE DRIVE**
CITY-ST-ZIP **LAKE WORTH FL**

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME **VPD CHERNACK JESS**
5.3 STREET ADDRESS **8453 BONITA ISLE DRIVE**
5.4 CITY-ST-ZIP **LAKE WORTH FL 33467**

TITLE ☒ DELETE
NAME **~~TD RUBIN, JEROME~~**
STREET ADDRESS **~~8345 BONITA ISLE DR.~~**
CITY-ST-ZIP **~~LAKE WORTH FL~~**

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

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/29/95

407-642-5680

Date

Daytime Phone #

CR2E037 (12/95)