FILE NOW: FILING FEE IS $61.25

FILED
Mar 04, 1999 8:00 am
Secretary of State
03-04-1999 90228 019 ****70.00

0046234

NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # 755915

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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualifed
01/15/1981

4. FEI Number
59-2150221
☐ Applied For
☐ Not Applicable

5. Certifcate 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

ST. JOHN, DICKER & CAPLA
500 AUSTRALIAN AVENUE SOUTH, SUITE 600
WEST PALM BEACH FL 33401

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 _____ DATE
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	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MASSUCCI, RALPH		1.2 NAME		
STREET ADDRESS	5434 ALTA WAY		1.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL		1.4 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HERCHE, HELEN		2.2 NAME		
STREET ADDRESS	8353 BONITA ISLE DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE	D	☒ Change ☐ Addition
NAME	~~SALVATORE, ROMANO~~		3.2 NAME	CORTES, STEVEN	
STREET ADDRESS	~~5446 ALTA WAY~~		3.3 STREET ADDRESS	8466 BONITA ISLE DRIVE	
CITY-ST-ZIP	~~LAKE WORTH FL 33467~~		3.4 CITY-ST-ZIP	LAKE WORTH, FL 33467	
TITLE	D	☐ DELETE	4.1 TITLE	D	☒ Change ☐ Addition
NAME	~~MARZELLI, NICHOLAS~~		4.2 NAME	SERRA, VICTOR	
STREET ADDRESS	~~5385 ALTA WAY~~		4.3 STREET ADDRESS	8605 BONITA ISLE DRIVE	
CITY-ST-ZIP	~~LAKE WORTH FL~~		4.4 CITY-ST-ZIP	LAKE WORTH, FL 33467	
TITLE	VD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	JESS, CHERNA		5.2 NAME		
STREET ADDRESS	8453 BONITA ISLE DRIVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

SIGN HERE

CR2E037 (11/98)

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: _____ **REQUIRED** 2/3/99 (561) 968-6610
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #