

- FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 DEC 15 PM 2:53

#12114



1. Name of Limited Partnership

1a. DOCUMENT #
A25707

VILLAS OF BONITA SPRINGS ASSOCIATES LIMITED

Mailing Address

% GOLF VILLAS OF BONITA SPRINGS
10085 MADDOX LANE, BOX 16
BONITA SPRINGS FL 33923

Principal Office Address

% GOLF VILLAS OF BONITA SPRINGS
10085 MADDOX LANE, BOX 16
BONITA SPRINGS FL 33923

3. Date Formed or Registered

12/24/1987

3a. Date of Last Report

09/30/1996

4. State or Country of Formation

FL

6. FEI Number

98-0086186

7. Certificate of Status Desired

☐ Applied For
☐ Not Applicable

☐ \$8.75 Additional Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

5a. Capital Contributions as Shown on record.

\$98,000.00

5b. Amount of Capital Contributions in FLORIDA to date:

2. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

9. Name and Address of Current Registered Agent

SPEAR, JOHN D.
9200 BONITA BEACH RD., SUITE 204
P. O. BOX 2207
BONITA SPRINGS FL 33959

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

FL

Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, 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 its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)

11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)

11b. City, State & Zip Code

11c. Registration Document Number

KALINS, W. JACK

KALINS, BARBARA J.

% SPLIT ROCK RESORT #

% SPLIT ROCK RESORT #

LAKE HARMONY PA 18624

LAKE HARMONY PA 18624

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Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. 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 release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

W. Jack Kalins

DATE **Nov 26, 1997**

Typed or Printed Name of General Partner Signing Form

W. JACK KALINS

Daytime Telephone Number **717-722-9111**

CR2E003 (6/97)