

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 12 1998 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # **G31487** (3)
1. Corporation Name
BONITA GOLF COURSE, INC.



Principal Place of Business
**C/O MICHAEL J MICELI
10200 MADDOX LANE
BONITA SPRINGS FL 33923**

Mailing Address
**999 TRAIL TERRACE
SUITE D
NAPLES FL 33940
US**

DO NOT WRITE IN THIS SPACE

| | | | | | |
|--|--|---|--|--|--|
| 2. Principal Place of Business 21 10200 Suite, Apt. #, etc. 22 City & State 23 Zip 34135 Country | | 2a. Mailing Address 26 1400 GULF SHORE BLVD Suite, Apt. #, etc. 27 Suite 224 City & State 28 NAPLES, FLA Zip 34135 Country LEE | | 3. Date Incorporated or Qualified 04/01/1983 | |
| | | 4. FEI Number 65-0024066 | | Applied For Not Applicable | |
| | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

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| 9. Name and Address of Current Registered Agent MICELI, MICHAEL J. 10200 MADDOX LANE BONITA SPRINGS FL 33923 | | 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 10200 83 84 City FL 85 Zip Code 34135 | |
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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|--|----------------------------------|--|--|
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) | | DATE | |
| 12. OFFICERS AND DIRECTORS | | | |
| TITLE | DP | <input type="checkbox"/> DELETE | |
| NAME | MICELI, MICHAEL J. | | |
| STREET ADDRESS | 10200 MADDOX LANE | | |
| CITY-ST-ZIP | BONITA SPRINGS FL | | |
| TITLE | S | <input type="checkbox"/> DELETE | |
| NAME | PASS, PAMELA | | |
| STREET ADDRESS | 25222 GOLF LAKE CIRCLE | | |
| CITY-ST-ZIP | BONITA SPRINGS FL | | |
| TITLE | | <input type="checkbox"/> DELETE | |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
| 1.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 1.2 NAME | | | |
| 1.3 STREET ADDRESS | | | |
| 1.4 CITY-ST-ZIP | | | |
| 2.1 TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 2.2 NAME | | | |
| 2.3 STREET ADDRESS | 10591 ANKENY LANE | | |
| 2.4 CITY-ST-ZIP | BONITA SPRINGS, FLA 34135 | | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 3.2 NAME | | | |
| 3.3 STREET ADDRESS | | | |
| 3.4 CITY-ST-ZIP | | | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 4.2 NAME | | | |
| 4.3 STREET ADDRESS | | | |
| 4.4 CITY-ST-ZIP | | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 5.2 NAME | | | |
| 5.3 STREET ADDRESS | | | |
| 5.4 CITY-ST-ZIP | | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 6.2 NAME | | | |
| 6.3 STREET ADDRESS | | | |
| 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or changed, or on an attachment with an address.

SIGNATURE *[Signature]* *[Signature]* *[Signature]* 4/20/98 (9/01) 992-2000

CR2E034 (10/97)