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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # H83519 BONITA BEACH PLANTATION, INC.

FILED May 04, 1999 8:00 am Secretary of State 05-04-1999 90107 017 ***158.75



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Principal Place	of Business	Mailing Address			1 (88(8)) 818) (\$188 (1) 8) 81181	11 0 0 11 0 12 1	(BI) BIBII BIBI	01811 B1811 1881
5164 BONITA BEACH ROAD BONITA SPRINGS FL 33923 5164 BONITA SPRINGS FL 33925					DO NOT WRI	TE IN THIS	SPACE	
	·				 Date Incorporated or Qualifed 10/31/1985 			
2. Principal Place of Business 2a. Mailing Address					4. FEI Number		Ar	pplied For
21	•	26 SAMe			59-2613093		N	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate 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		ountry	•	8. This corporation owes the curr	ent year Int		
4 25 29 34 134 3					Personal Property Tax.		☐Yes	□No
	9. Name and Address of Currer	t Registered Agent		1 "	10. Name and Address of New F	tegistered	Agent	
	VEV D ELOVE ID		81	Name				1
5164	KEY, R. FLOYD, JR. BONITA BEACH ROAD		82	Street Add	ddress (P.O. Box Number is Not Acceptable)			
BON	ITA SPRINGS FL 33923		83					
	•		84	City		FL	85 Zip	Code // 3 4
office or re	egistered agent, or both, in the State	2 and 607.1508, Florida Statutes, the of Florida. Such change was authorizations of, Section 607.0505, Florida St	еа ву	the corporation	poration submits this statement for the on's board of directors. I hereby accept	purpose of t the appoi	changing its intment as re	registered egistered
SIGNATURE								
	Signature, typed or printed name of registered age		<u> </u>	nt signature require	ed when reinstating)	DATE	ID DIDECT	000 111 42
12.	<u> </u>	ID DIRECTORS 1			ADDITIONS/CHANGES TO OF	FICERS AF	Change	Addition
TITLE	P	_	TITLE				☐ Citarige	
NAME	LUCKEY, R. FLOYD, JR.		NAME					}
STREET ADDRESS	5164 BONITA BEACH RD.		-	T ADDRESS				
CITY-ST-ZIP	BONITA SPRINGS FL		CITY-S	IT-ZIP			Change	Addition
TITLE	ST		TITLE					
NAME	LUCKEY, BARBARA		NAME					
STREET ADDRESS	5164 BONITA BEACH RD			TADORESS				
CITY-ST-ZIP			4 CITY-	ST-ZIP	***		☐ Change	☐ Addition
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STREET ADDRESS	S		CITY-9					ļ

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 if changed, or on an attachment with an address, with all other like empowered.