

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

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Mar 31 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # **L89526** (2)
1. Corporation Name
BONITA GRANDE HOTEL CORPORATION



Principal Place of Business: 4500 EXECUTIVE DRIVE SUITE 300 NAPLES FL 33999 US
Mailing Address: 4500 EXECUTIVE DRIVE SUITE 300 NAPLES FL 34118-8908 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	07/23/1990	03/13/1996
22 City & State	27 City & State	4. FEI Number	Applied For
23 Zip	28 Country	65-0208988	Not Applicable
24 34119	25 Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
29 34119	30 Country	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

9. Name and Address of Current Registered Agent
JOHNSON, ROBERT W, JR
4500 EXECUTIVE DRIVE
NAPLES FL 33999

10. Name and Address of New Registered Agent
81 Name: JANET KELLY
82 Street Address (P.O. Box Number is Not Acceptable): 4500 EXECUTIVE DRIVE
83 SUITE 300
84 City: NAPLES FL 85 Zip Code: 34119

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.
SIGNATURE: *[Signature]* Janet Post Kelly DATE: 3/11/97

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	HARDY, ROBERT S.	
STREET ADDRESS	13056 POND APPLE DR. W.	
CITY-ST-ZIP	NAPLES FL	
TITLE	SV	<input checked="" type="checkbox"/> DELETE
NAME	SHIELDS, JAMES E	
STREET ADDRESS	4500 EXECUTIVE DRIVE	
CITY-ST-ZIP	NAPLES FL	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	JOHNSON, ROBERT W, JR	
STREET ADDRESS	4500 EXECUTIVE DRIVE	
CITY-ST-ZIP	NAPLES FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	DENNIS P. FRECHETTE	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	DENNIS P. FRECHETTE	
4.3 STREET ADDRESS	1500 OSPREY AVE	
4.4 CITY-ST-ZIP	NAPLES FL 34108	
5.1 TITLE	DVST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	FRANK W. COOPER	
5.3 STREET ADDRESS	4158 LORRAINE AVE	
5.4 CITY-ST-ZIP	NAPLES FL 34104	
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 do 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.

SIGNATURE: *[Signature]* ROBERT S. HARDY 3/24/97 (941) 597-6311
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)