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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **L89526**

1. Corporation Name

Principal Place of Business

BONITA GRANDE HOTEL CORPORATION

SUITE 300 NAPLES FL 34119 US 2. Principal Place of Business 1 Suite, Apt. #, etc. 2 City & State			4500 EXECUTIVE DRIVE SUITE 300 NAPLES FL 33999 US 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 07/23/1990 4. FEI Number 65-0208988 5. Certifcate of Status Desired 6. Election Campaign Financing \$5.00 May Be			
23	Country	28	Zip		Country		_	Trust Fund Contribution 8. This corporation owes the current			to Fees
Zip 24	Country Zip C 25 29 30					Personal Property Tax.			ent year in	Yes	□No
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent					
14315	TURLLY				81	Nar	ne				
JANET KELLY 4500 EXECUTIVE DRIVE					82	Stre	et Addre	ess (P.O. Box Number is Not Accepta	ible)		
SUITE 300					83						
NAPL	ES FL 34119				84	City	,—— <u> </u>		FL	85 Zip	Code
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
12.	OFFICERS AND			(NOTE: Neg	13.	ii agiitii	to coponia	ADDITIONS/CHANGES TO OF		ID DIRECT	ORS IN 12
TITLE	DP OF TOP THE	J DL		ELETE	1.1 TITLE					☐ Change	
NAME	HARDY, ROBERT S				1.2 NAME						
STREET ADDRESS	13056 POND APPLE DR. W.				1.3 STREET	r addri	ESS				J
CITY-ST-ZIP	NAPLES FL				1.4 CITY-S	T-ZIP					
TITLE	DV		☐ D€	ELETE	2.1 TITLE					☐ Change	e Addition
NAME	FRECHETTE, DENNIS P				2.2 NAME		1				Í
STREET ADDRESS	1500 OSPREY AVE			•	2.3 STREE	TADDR	ESS				
CITY-ST-ZIP	NAPLES FL 34102				2. 4 CITY-S	T-ZIP					
TITLE	DVST		□ DI	ELETE	3.1 TITLE					☐ Change	● ☐ Addition
NAME	FRANK W. COOPER				3.2 NAME			•	-		Į
STREET ADDRESS	4158 LORRAINE AVE				3.3 STREE	T ADDRI	ESS				
CITY-ST-ZIP	NAPLES FL 34104				3.4. CITY-S	T-ZIP				☐ Chang	e
TITLE			<u> </u>	ELETE	4.1 TITLE		1			☐ Chang	
NAME					4. 2 NAME						
STREET ADDRESS					4.3 STREE		ESS				
CITY-ST-ZIP				ELETE	4.4 CITY-S 5.1 TITLE	1-ZIP				☐ Chang	e Addition
TITLE			_ L		5.2 NAME						
NAME STREET ADDRESS					5.3 STREE	T ADDR	ESS .				
CITY-ST-ZIP					5.4 CITY-S						
TITLE			D	ELETE	6.1 TITLE					Chang	e Addition
NAME					6.2 NAME						j
STREET ADDRESS					6.3 STREE	TADDR	ESS				
CITY-ST-ZIP		,			6.4 CITY-S	T-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 if changed of on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICEROR DIRECTOR

FILED

Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90253 010 ***150.00