

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
**1995**



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

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**  
**95 APR 14 PM 4:14**

**DOCUMENT # M09234**

**(9)**

1. Corporation Name

**BONITA BAY PROPERTIES, INC.**

Principal Place of Business

**3451 BONITA BAY BLVD., S.W., SUITE #202  
BONITA SPRINGS FL 33923**

Mailing Address

**3451 BONITA BAY BLVD., S.W., SUITE #202  
BONITA SPRINGS FL 33923**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

**12/21/1984**

3a. Date of Last Report

**05/01/1994**

4. FEI Number

**59-2475007**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

**21**

2a. Mailing Address

**26**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22**

**27**

City & State

City & State

**23**

**28**

Zip

Country

Zip

Country

**24**

**25**

**29**

**30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PLOWMAN, RICHARD W.  
3451 BONITA BAY BLVD., SUITE 202  
BONITA SPRINGS FL 33923**

**81** Name

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

**83**

**84** City

**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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **STV**  
NAME **BAUMAN, ANDREW M**  
STREET ADDRESS **3451 BONITA BAY BLV #202**  
CITY - ST - ZIP **BONITA SPRINGS FL**

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

TITLE **D**  
NAME **LUCAS, LINDA S.**  
STREET ADDRESS **3451 BONITA BAY BLV #202**  
CITY - ST - ZIP **BONITA SPRINGS FL**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

TITLE **D**  
NAME **UKLEJA, LOUISE S.**  
STREET ADDRESS **3451 BONITA BAY BLV #202**  
CITY - ST - ZIP **BONITA SPRINGS FL**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

TITLE **DC**  
NAME **LUCAS, DAVID H.**  
STREET ADDRESS **3451 BONITA BAY BLV #202**  
CITY - ST - ZIP **BONITA SPRINGS FL**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

TITLE **D**  
NAME **UKLEJA, P. MICHAEL**  
STREET ADDRESS **3451 BONITA BAY BLV #202**  
CITY - ST - ZIP **BONITA SPRINGS FL**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

TITLE **DP**  
NAME **PLOWMAN, RICHARD W.**  
STREET ADDRESS **3451 BONITA BAY BLV #202**  
CITY - ST - ZIP **BONITA SPRINGS FL**

6.1 TITLE ☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 addendum.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Richard W. Plowman**

**April 3, 1995**

DATE

Signature (Print Name)