

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N00537** (3)

1. Corporation Name

THE HARBOR CLUB OF BONITA SPRINGS, INC.



Principal Place of Business

**26230 IMPERIAL HARBOR BLVD
BONITA SPRINGS FL 33923**

Mailing Address

**26230 IMPERIAL HARBOR BLVD
BONITA SPRINGS FL 33923**

3. Date Incorporated or Qualified
12/22/1983

3a. Date of Last Report
03/15/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2341673

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MASON, PHYLLIS R.
9297 BARON RD
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 617.0502 and 617.1508, 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 617.0503, 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 DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☒ DELETE
NAME **FOOR, GLEN**
STREET ADDRESS **8322 PITT RD**
CITY-ST-ZIP **BONITA SPGS FL**

1.1 TITLE **P** ☒ Change ☐ Addition
1.2 NAME **Robert McClean**
1.3 STREET ADDRESS **26324 Colony Rd**
1.4 CITY-ST-ZIP **Bonita Springs, FL**

TITLE **P** ☒ DELETE
NAME **WOOLARD, HAROLD**
STREET ADDRESS **28010 PRINCESS RD.**
CITY-ST-ZIP **BONITA SPRINGS FL**

2.1 TITLE **V** ☒ Change ☐ Addition
2.2 NAME **Robert Wolfe**
2.3 STREET ADDRESS **26291 Colony Rd**
2.4 CITY-ST-ZIP **Bonita Springs, FL**

TITLE **V** ☒ DELETE
NAME **LAPORTE, PAULINE**
STREET ADDRESS **26172 COLONY RD.**
CITY-ST-ZIP **BONITA SPRINGS FL**

3.1 TITLE **D** ☒ Change ☐ Addition
3.2 NAME **Faith Rice**
3.3 STREET ADDRESS **26099 Countess Lane**
3.4 CITY-ST-ZIP **Bonita Springs, FL**

TITLE **D** ☐ DELETE
NAME **COOPER, LAWRENCE**
STREET ADDRESS **26267 COLONY RD**
CITY-ST-ZIP **BONITA SPRINGS FL**

4.1 TITLE **S** ☒ Change ☐ Addition
4.2 NAME **Phyllis R. Mason**
4.3 STREET ADDRESS **9297 Baron Road**
4.4 CITY-ST-ZIP **Bonita Springs, FL**

TITLE **T** ☐ DELETE
NAME **HORSEWOOD, WAYNE**
STREET ADDRESS **26225 COLONY RD.**
CITY-ST-ZIP **BONITA SPRINGS FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **PARKER, WILLIAM**
STREET ADDRESS **9345 BARON RD**
CITY-ST-ZIP **BONITA SPGS FL**

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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☐ Change ☐ Addition

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Phyllis R. Mason
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Phyllis R. Mason, Secretary/Director

4/23/96

Date

947-6708

Daytime Phone #

CR2E037 (12/95)