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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT #

N00537

(3)

THE HARBOR CLUB OF BONITA SPRINGS, INC. Principal Place of Business Mailing Address 26230 IMPERIAL HARBOR BLVD BONITA SPRINGS FL 33923 BONITA SPRINGS FL 34135-6526				· · · · · · · · · · · · · · · · · · ·			
SOWIA SPRIN	100 FL 33560	SOUTH GRAINGS IL	7150-0040		3. Date Incorporated or Qualified 3a. Date of Last Report		
					12/22/1983 05/15/1996		
	Place of Business	2a. Mailing Address			4. FEI Number Applied S9-2341673 Not App		
Suite, Apt.	# 010	Suite, Apt. #, etc.			1101745		
22	# , 610.	27			5. Certificate of Status Desired		
City & Stat	e	City & State	·		6. Election Campaign Financing \$5.00 May		
23		28			Trust Fund Contribution		
Zip	Country	Zip	Count	ry	8. This corporation has liability for intangible tax under s. 199.	032,	
24 341:	9. Name and Address of Curre	[29]	30	····	Florida Statutes Yes No 10. Name and Address of New Registered Agent		
	9. Name and Address of Curre	int negistered Agent	8	1 Name			
MASON	I, PHYLLIS R.						
9297 R	ARON RD		8:	2) Street /	t Address (P.O. Box Number is Not Acceptable)		
BONITA SPRINGS FL 33923			8:	3			
			8	4 City	85 Zip Code		
			_ i	FL I''			
agent I a	am familiar with, and accept the oblig	gations of, Section 617.0503,	ıs authorized i Florida Statut	by the corp es.	corporation submits this statement for the purpose of changing its regist poration's board of directors. I hereby accept the appointment as regist	tered	
SIGNATURE	Signature, typed of printed name of registered ap OFFICERS At	pent and little if applicable. (ND DIRECTORS	OTE: Registered A	gent signature	e required when renetating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	12	
SIGNATURE . 12. TITLE	Signature typed of infect hand of registered at OFFICERS AN	gent and little if applicable. (h	NOTE: Repistered A 13. 1.1 TITLE	gent signature	e required when renetating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN Change	12	
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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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

apr 16, 1997

FILED

Apr 24 1997 8:00am

Secretary of State

Daytime Phone # 0060448