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Apr 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N00537** (3)

1. Corporation Name

THE HARBOR CLUB OF BONITA SPRINGS, INC.

Principal Place of Business

Mailing Address

**26230 IMPERIAL HARBOR BLVD
BONITA SPRINGS FL 34135
US**

**26230 IMPERIAL HARBOR BLVD
BONITA SPRINGS FL 34135**



3. Date Incorporated or Qualified

12/22/1983

4. FEI Number

59-2341673

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21
Suite, Apt. #, etc.

26
Suite, Apt. #, etc.

22
City & State

27
City & State

23
Zip Country

28
Zip Country

24
Country

29
Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

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

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ 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 34135**

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

Phyllis R. Mason
Signature, typed printed name of registered agent and title if applicable.

Phyllis R. Mason

4/6/98

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MCCLEAN, ROBERT	
STREET ADDRESS	26324 COLONY RD.	
CITY-ST-ZIP	BONITA SPRINGS FL	

TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	WOLFE, ROBERT	
STREET ADDRESS	26291 COLONY RD.	
CITY-ST-ZIP	BONITA SPRINGS FL	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RICE, FAITH	
STREET ADDRESS	26099 COUNTESS LANE	
CITY-ST-ZIP	BONITA SPRINGS FL	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	COOPER, LAWRENCE	
STREET ADDRESS	26267 COLONY RD	
CITY-ST-ZIP	BONITA SPRINGS FL	

TITLE	T	<input type="checkbox"/> DELETE
NAME	HORSEWOOD, WAYNE	
STREET ADDRESS	26225 COLONY RD.	
CITY-ST-ZIP	BONITA SPRINGS FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	PARKER, WILLIAM	
STREET ADDRESS	9345 BARON RD	
CITY-ST-ZIP	BONITA SPGS FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Dr. T. J. Theurer	
1.3 STREET ADDRESS	26199 Earl Road	
1.4 CITY-ST-ZIP	Bonita Springs, FL 34135	

2.1 TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Luanna Lofquist	
2.3 STREET ADDRESS	9261 Duke Road	
2.4 CITY-ST-ZIP	Bonita Springs, FL 34135	

3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Jane Rowley	
3.3 STREET ADDRESS	26291 Squire Lane	
3.4 CITY-ST-ZIP	Bonita Springs, FL 34135	

4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Lorne Martin	
4.3 STREET ADDRESS	26143 Cabana Road	
4.4 CITY-ST-ZIP	Bonita Springs, FL 34135	

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

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 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:

Phyllis R. Mason

Phyllis R. Mason

4/6/98

CR2E037 (10/97)