

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2005 8:00 am**  
**Secretary of State**

05-05-2005 90102 036 \*\*\*\*61.25

**DOCUMENT # N00537**

1. Entity Name  
**THE HARBOR CLUB OF BONITA SPRINGS, INC.**



Principal Place of Business  
**26230 IMPERIAL HARBOR BLVD  
BONITA SPRINGS, FL 34135 US**

Mailing Address  
**26230 IMPERIAL HARBOR BLVD  
BONITA SPRINGS, FL 34135**

**50049015**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03242005 Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-2341673**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCHADD, SUZANNE  
26326 IMPERIAL HARBOR BLVD  
BONITA SPRINGS, FL 34135**

Name

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

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☐ Delete  
NAME MARTIN, LORNE  
STREET ADDRESS 26143 CABANA RD.  
CITY-ST-ZIP BONITA SPRINGS, FL 34135

TITLE VP ☐ Change ☒ Addition  
NAME Dougan, Roger  
STREET ADDRESS 26370 Peer Lane  
CITY-ST-ZIP ~~Bonita Springs, FL 34135~~

TITLE VP ☒ Delete  
NAME FOOS, JERRY  
STREET ADDRESS 26060 KINGS RD.  
CITY-ST-ZIP BONITA SPRINGS, FL 34135

TITLE S ☐ Change ☒ Addition  
NAME Nesbit, Kathryn  
STREET ADDRESS 26207 Colony Road  
CITY-ST-ZIP ~~Bonita Springs, FL 34135~~

TITLE D ☒ Delete  
NAME SKINNER, FRANCES  
STREET ADDRESS 26101 COLONY RD.  
CITY-ST-ZIP BONITA SPRINGS, FL 34135

TITLE D ☐ Change ☒ Addition  
NAME Immken, Anthony  
STREET ADDRESS 26260 Colony Road  
CITY-ST-ZIP ~~Bonita Springs, FL 34135~~

TITLE D ☒ Delete  
NAME SCOTT, ROGER  
STREET ADDRESS 26160 CABANA RD.  
CITY-ST-ZIP BONITA SPRINGS, FL 34135

TITLE D ☐ Change ☒ Addition  
NAME Baynon, Edwin  
STREET ADDRESS 26297 Imperial Harbor Blvd.  
CITY-ST-ZIP ~~Bonita Springs, FL 34135~~

TITLE T ☐ Delete  
NAME SCHADD, SUZANNE  
STREET ADDRESS 26326 IMPERIAL HARBOR BLVD.  
CITY-ST-ZIP BONITA SPRINGS, FL 34135

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Suzanne Schadd*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/29/05*  
Date

*239-947-6708*  
Daytime Phone #