FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(9)

BONITA BAY COMMUNITY ASSOCIATION, INC.

5011111					
Principal Place of Business		Mailing Address			OLDI ALBER DINII DEGLI EINII UINII DINIE IEDI
% RICHARD W. PLOWMAN 3451 BONITA BAY BLVD. SUITE 202 BONITA SPRINGS FL 33823		% Richard W. Plowman 3451 Bonita Bay Blvd. Suite 202 Bonita Springs Fl 34134-4395		2. Data la constitución de la con	1 Co. Date of Land Co.
				3. Date Incorporated or Qualified 01/10/1985	3a. Date of Last Report 04/24/1996
2. Principal Pla 21	ace of Businoss	2a. Mailing Address		4. FEI Number 59-2497446	Applied For Not Applicable
Suite, Apt #	t, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be Added to Fees
23 Zip	Country	Zip	Country	Trust Fund Contribution 8. This corporation has liability for i	
24 34134-4	ļ	29	30	· · · · · · · · · · · · · · · · · · ·	Yes No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Re	gistered Agent
			81 Name		
PLOWMAN, RICHARD W 82 Street Addre				Address (P.O. Box Number is Not Acceptab	le)
BONITA BAY COMMUNITY ASSOCIATION INC					
3451 BONITA BAY BV STE 202			83		
BONITA SPRINGS FL 33923			84 City		85 Zip Code
11 Discussed to	the requisions of Costions 617 8503	and 617 1509 Florida Statut	o the above named	corporation submits this statement for the p	FL 34134-4395
office or re	gistered agent, or both, in the State of	of Florida, Such change was a	uthorized by the corp	corporation southing this statement for the population's board of directors. I hereby accept	of the appointment as registered
agent Lau	n familiar with, and accept the obligat	ions of, Section 617.0503, Fig	orida Statutes.		
SIGNATURE _	Signature, typed or puritied name of registered agen	and bile it anolicable (NOTI	: Registered Agent signature	required when reinstating)	DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICE	
1)TLE	PD	DELETE	1.1 TrTLE		Change Addition
NAME	PLOWMAN, RICHARD W		1.2 NAME		
STREET ADDRESS	3451 BONITA BAY,SW #202		1.3 STREET ADDRESS		
CHY-ST-ZIF	BONITA SPRINGS FL		1.4 CITY-ST-ZIP		
TITLE	STD	X) DELETE	2.1 TITLE	STD	K Change Addition
NAME	BAUMAN, ANDREW M.		2.2 NAME	Schestag, Harvey R.	
STREET ADDRESS	3451 BONITA BAY,SW #202		2.3 STREET ADDRESS	3451 Bonita Bay Blvd.,	, #202
C(TY - ST - ZIP	BONITA SPRINGS FL	Decent	2. 4 CITY - ST - ZIP	Bonita Springs, FL DV	Change Addition
TITLE	D DEVINIE	☐ DELETE	3.1 TITLE	•	Change Addition
NAME CLOSEL ADDRESS	GILKEY, DENNIS 3451 BONITA BAY,SW #202		3.2 NAME	Gilkey, Dennis E. 3451 Bonita Bay Blvd.,	#202
STREET ADDRESS CITY-ST-ZIP	BONITA SPRINGS FL		3.3 STREET ADDRESS 3.4. CITY - ST - ZIP	Bonita Springs, FL	11 202
THLE	DOMIN OF THIS OF T	DELETE	4.1 TITLE	Doilt ca Opt Titgs, FL	Change Addition
NAME			4. 2 NAME		•
STREET ADDRESS			4.3 STREET ADDRESS		
CHY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE	A	DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
C-TY - ST - ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAMÉ			6.2 NAME		
STREEL ADDRESS			6.3 STREET ADDRESS	•	
City-St-ZiP	y certify that the information curnified	with this filing dose not quali-	6.4 CITY-ST-ZIP	l tated in Section 119.07(3)(i), Florida Statute	s. I further certify that the
information I am an of appears in	in indicated on this annual report or si ficer or director of the corporation or a Block 12 or Block 13 if changed, or	ipplemental annual report is the receiver or trustee empower on an attachment with an edd	rue and accurate and vered to execute this i	Has my signature shall have the same lega report as required by Chapter 617, Florida S	il effect as if made under oath; that italutes; and that my name

SIGNATURE: Richard W. Plowman

4/08/97

FILED

May 20 1997 8:00am

Secretary of State

(941) 495-1000