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FILED  
May 18 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N07041** (9)

1. Corporation Name

**BONITA BAY COMMUNITY ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

% RICHARD W. PLOWMAN  
3451 BONITA BAY BLVD. SUITE 202  
BONITA SPRINGS FL 34134-4395  
US

% RICHARD W. PLOWMAN  
3451 BONITA BAY BLVD. SUITE 202  
BONITA SPRINGS FL 33923

3. Date Incorporated or Qualified

**01/10/1985**

4. FEI Number

**59-2497446**

Applied For

Not Applicable

2. Principal Place of Business

21 3451 Bonita Bay Blvd.

Suite, Apt. #, etc.

22 Suite 202

City & State

23 Bonita Springs, FL

Zip

24 34134

Country

25 US

2a. Mailing Address

26 3451 Bonita Bay Blvd.

Suite, Apt. #, etc.

27 Suite 202

City & State

28 Bonita Springs, FL

Zip

29 34134

Country

30 US

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing

☐

**\$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

PLOWMAN, RICHARD W  
BONITA BAY COMMUNITY ASSOCIATION INC  
3451 BONITA BAY BV STE 202  
BONITA SPRINGS FL 33923

81 Name

Gilkey, Dennis E

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

Bonita Bay Community Association Inc

83

3451 Bonita Bay Blvd., Ste 202

84

Bonita Springs

FL

85

34134

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

4/22/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE

NAME PLOWMAN, RICHARD W  
STREET ADDRESS 3451 BONITA BAY, SW #202  
CITY-ST-ZIP BONITA SPRINGS FL

TITLE STD ☐ DELETE

NAME SCHESTAG, HARVEY R  
STREET ADDRESS 3451 BONITA BAY BLVD STE 202  
CITY-ST-ZIP BONITA SPRINGS FL

TITLE DV ☐ DELETE

NAME GILKEY, DENNIS  
STREET ADDRESS 3451 BONITA BAY, SW #202  
CITY-ST-ZIP BONITA SPRINGS FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/98

Daytime Phone # 0062383

CR2E037 (10/97)