FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N10086 (9)

1. Corporation Name

BONITA HEIGHTS MOBILE HOME PARK ASSOCIATION, INC

Principal Place of Business	Mailing Address
3650 BONITA BCH RD. P.O. BOX 27 BONITA SPGS FL 33923	3650 BONITA BCH RD. P.O. BOX 27 BONITA SPGS FL 33923

3. Date Incorporated or Qualified: 07/08/1985

3a. Date of Last Report: 03/10/1995

2. Principal Place of Business — 21:

Suite, Apt. #, etc. — 22:

City & State — 23:

Zip — 24: Country — 25:

2a. Mailing Address — 26:

Suite, Apt. #, etc. — 27:

City & State — 28:

Zip — 29: Country — 30:

4. FEI Number: 65-0075987 — ☐ Applied For ☑ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

SHOEMAKER, LLOYD M.
3650 BONITA BCH RD BOX 27
BONITAIS SPGS FL 33923

10. Name and Address of New Registered Agent

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: Lloyd M Shoemaker — 3-19-96 DATE

Signature, typed or printed name of registered agent (Current if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	ST	☒ DELETE	11 TITLE	P	☐ Change ☒ Addition
NAME	HARMON, JOYCE P.		12 NAME	MILLER EUGENE L.	
STREET ADDRESS	3650 BONITA BCH.RD.,S.W.		13 STREET ADDRESS	3650 BONITA BEACH Rd - 16	
CITY-ST-ZIP	BONITA SPRINGS FL		14 CITY-ST-ZIP	BONITA SPRINGS FL 33923	
TITLE	PD	☐ DELETE	21 TITLE	VP	☐ Change ☒ Addition
NAME	BURLETTE, DAVE		22 NAME	TOWNSEND DONNA	
STREET ADDRESS	3650 BONITA BCH., RD. SW		23 STREET ADDRESS	3650 BONITA BEACH Rd. - 7	
CITY-ST-ZIP	BONITA SPRINGS FL		24 CITY-ST-ZIP	BONITA SPRINGS FL. 33923	
TITLE	D	☐ DELETE	31 TITLE	D	☐ Change ☒ Addition
NAME	GRAASKAMP, BEN		32 NAME	BARNETTE ALFRED	
STREET ADDRESS	3650 BONITA BCH.RD.,S.W.		33 STREET ADDRESS	3650 BONITA BEACH Rd. - 24	
CITY-ST-ZIP	BONITA SPRINGS FL		34 CITY-ST-ZIP	BONITA SPRINGS FL. 33923	
TITLE	V	☒ DELETE	41 TITLE	ST	☒ Change ☐ Addition
NAME	PFISLER, JIM		42 NAME	BURLETTE DAVID	
STREET ADDRESS	3650 BONITA BCH. RD. SW		43 STREET ADDRESS	3650 BONITA BEACH Rd. - 28	
CITY-ST-ZIP	BONITA SPRINGS FL		44 CITY-ST-ZIP	BONITA SPRINGS FL. 33923	
TITLE	D	☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME	SHOEMAKER, LLOYD		52 NAME		
STREET ADDRESS	3650 BONITA BCH.RD.,S.W.		53 STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS FL		54 CITY-ST-ZIP		
TITLE	D	☒ DELETE	61 TITLE		☐ Change ☐ Addition
NAME	KELLY, BOB		62 NAME		
STREET ADDRESS	3650 BONITA BCH RD SW		63 STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS FL		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Eugene L. Miller 3/18/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

495-8104 Daytime Phone #

CR2E037 (12/95)