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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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 34133-0027

3. Date Incorporated or Qualified: 07/08/1985
3a. Date of Last Report: 03/25/1996

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) SAME
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 — Signature, typed or printed name of Registered Agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) — DATE: 3-1-97

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MILLER, EUGENE		1.2 NAME		
STREET ADDRESS	3650 BONITA BEACH RD. 16		1.3 STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS FL		1.4 CITY-ST-ZIP		
TITLE	PD	☒ DELETE	2.1 TITLE	T S	☐ Change ☒ Addition
NAME	BURLETTE, DAVE		2.2 NAME	SOLL FRED	
STREET ADDRESS	3650 BONITA BCH., RD. SW		2.3 STREET ADDRESS	3650 BONITA BEACH ROAD 23	
CITY-ST-ZIP	BONITA SPRINGS FL		2.4 CITY-ST-ZIP	BONITA SPRINGS FL. 34134	
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	GRAASKAMP, BEN		3.2 NAME		
STREET ADDRESS	3650 BONITA BCH.RD.,S.W.		3.3 STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS FL		3.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	TOWNSEND, DONNA		4.2 NAME		
STREET ADDRESS	3650 BONITA BEACH RD. 7		4.3 STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SHOEMAKER, LLOYD		5.2 NAME		
STREET ADDRESS	3650 BONITA BCH.RD.,S.W.		5.3 STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS FL		5.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME	BARNETTE, ALFRED		6.2 NAME	WERTZ DALE	
STREET ADDRESS	3650 BONITA BEACH RD. 24		6.3 STREET ADDRESS	3650 BONITA BEACH RD. 14	
CITY-ST-ZIP	BONITA SPRINGS FL		6.4 CITY-ST-ZIP	BONITA SPRINGS FL. 34134	

CR2E037 (9/96)

14. I do 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: Eugene L. Miller REQUIRED — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 2-28-97 — Daytime Phone #: 495-8104 0060246