**FILE NOW: FILING FEE IS $61.25**

# FILED
# Mar 12 1998 8:00am
# Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

**DOCUMENT #** N10086

1. Corporation Name
BONITA HEIGHTS MOBILE HOME PARK ASSOCIATION INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 3650 BONITA BEACH Rd. LOT 27 BONITA SPRINGS FL. 34134 | 3650 BONITA BEACH Rd. LOT 27 BONITA SPRINGS FL 34134 |

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

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

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

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$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 MEMBERS DOC

**9. Name and Address of Current Registered Agent**

LLOYD M. SHOEMAKER
3650 BONITA BEACH Rd. LOT 27
BONITA SPRINGS FL.
34134

**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 Lloyd M Shoemaker 2-23-98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE P | P ☐ DELETE | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | MILLER EUGENE | 1.2 NAME | |
| STREET ADDRESS | 3650 BONITA BEACH Rd. LOT 16 | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | BONITA SPRINGS FL. 34134 | 1.4 CITY-ST-ZIP | |
| TITLE VP | VP ☐ DELETE | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | TOWNSEND DONNA | 2.2 NAME | |
| STREET ADDRESS | 3650 BONITA BEACH Rd LOT 7 | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | BONITA SPRINGS FL. 34134 | 2.4 CITY-ST-ZIP | |
| TITLE TS | T S ☐ DELETE | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | SOLL FRED | 3.2 NAME | |
| STREET ADDRESS | 3650 BONITA BEACH Rd. LOT 23 | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | BONITA SPRINGS FL. 34134 | 3.4 CITY-ST-ZIP | |
| TITLE D | D ☐ DELETE | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | GRAASKAMP BEN | 4.2 NAME | |
| STREET ADDRESS | 3650 BONITA BEACH Rd LOT 29 | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | BONITA SPRINGS FL. 34134 | 4.4 CITY-ST-ZIP | |
| TITLE D | SHOEMAKER LLOYD ☐ DELETE | 5.1 TITLE | ☐ Change ☐ Addition 4/05/12 |
| NAME | 3650 BONITA BEACH Rd LOT 27 | 5.2 NAME | |
| STREET ADDRESS | BONITA SPRINGS FL. 34134 | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE D | WERTZ DALE ☐ DELETE | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | 3650 BONITA BEACH Rd. LOT 14 | 6.2 NAME | 800002455618 |
| STREET ADDRESS | BONITA SPRINGS FL. 34134 | 6.3 STREET ADDRESS | -03/12/98--01034--023 |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | ***61.25 |

CR2E037 (10/97)

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:** (P) EUGENE L. MILLER Eugene L. Miller 2/24/98 495-8104
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #