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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 07/08/1985
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0075987 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

SHOEMAKER, LLOYD M.
3650 BONITA BCH RD BOX 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 X (SAME) Lloyd M Shoemaker 2-20-99
(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	☐ 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	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	☐ 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	☐ 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	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SHOEMAKER, LLOYD		5.2 NAME		
STREET ADDRESS	3650 BONITA BEACH RD. LOT 27		5.3 STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS FL 34134		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	WERTZ, DALE		6.2 NAME		
STREET ADDRESS	3650 BONITA BEACH RD. LOT 14		6.3 STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS FL 34134		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: X EUGENE MILLER Eugene Miller 2/20/99 941-495-8104
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #