2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 08:00 AM
Secretary of State

DOGUMENT # N10086

1. Entity Name
BONITA HEIGHTS PARK COOPERATIVE, INC.

Principal Place of Business	Mailing Address
3650 BONITA BEACH RD. LOT 20 BONITA SPRINGS, FL 34134	P.O BOX 2383 BONITA SPRINGS, FL 34133-2383

01162005 No Chg-NP CR2E037 (10/03)

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

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

6. Name and Address of Current Registered Agent

KORP, WILLIAM R
333 S. TAMIAMI TRAIL
SUITE 199
VENICE, FL 34285

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SUSANNE, PFISTER
STREET ADDRESS	3650 BONITA BEACH RD. 20
CITY-ST-ZIP	BONITA SPRINGS, FL
TITLE	VP
NAME	SHOEMAKER, MERLENE
STREET ADDRESS	3650 BONITA BEACH ROAD, #27
CITY-ST-ZIP	BONITA SPRINGS, FL 34134
TITLE	TS
NAME	HARMON, DONNA
STREET ADDRESS	3650 BONITA BEACH RD. LOT 1
CITY-ST-ZIP	BONITA SPRINGS, FL 34134
TITLE	D
NAME	MILLER, GENE
STREET ADDRESS	3650 BONITA BEACH RD., #16
CITY-ST-ZIP	BONITA SPRINGS, FL 34134
TITLE	D
NAME	MICHEL, JOYCE
STREET ADDRESS	3650 BONITA BENCH RD SW, #26
CITY-ST-ZIP	BONITA SPRINGS, FL 34134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/14/05-80077-024 61.25

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Donna Harmon, Sec/Treasurer 3/12/05 239-992-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
DONNA HARMON