


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 09 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **N22713** (4)
1. Corporation Name
BONITA OAKS SQUARE CONDOMINIUM ASSOCIATION, INC.



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|---|--|--|--|
| Principal Place of Business 4500 EXECUTIVE DRIVE SUITE 300 NAPLES FL 33999 US | | Mailing Address 4500 EXECUTIVE DRIVE SUITE 300 NAPLES FL 34119-8908 US | |
| 2. Principal Place of Business | | 2a. Mailing Address | |
| 21. Suite, Apt. #, etc. | | 26. Suite, Apt. #, etc. | |
| 22. City & State | | 27. City & State | |
| 23. Zip | | 28. Zip | |
| 24. Country | | 29. Country | |
| 30. Country | | 31. Country | |
| 3. Date Incorporated or Qualified 09/28/1987 | | 3a. Date of Last Report 03/20/1996 | |
| 4. FEI Number 65-0004300 | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

| | | | |
|---|--|---|--|
| 9. Name and Address of Current Registered Agent JOHNSON, ROBERT S. 4500 EXECUTIVE DRIVE SUITE 300 NAPLES FL 33999 | | 10. Name and Address of New Registered Agent | |
| 81. Name JANET KELLY | | 82. Street Address (P.O. Box Number is Not Acceptable) 4500 EXECUTIVE DRIVE | |
| 83. SUITE 300 | | 84. City NAPLES | |
| 85. Zip Code 34119 | | 86. State FL | |

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 *Janet Kelly* **Janet Kelly** Treasurer **3/19/97**

| | | | |
|--|--|--|--|
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE <input type="checkbox"/> DELETE | | 1.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME HARDY, ROBERT S. | | 1.2 NAME KELLY, JANET | |
| STREET ADDRESS 4500 EXECUTIVE DRIVE | | 1.3 STREET ADDRESS 4500 EXECUTIVE DR. STE 300 | |
| CITY-ST-ZIP NAPLES FL | | 1.4 CITY-ST-ZIP NAPLES FL 34119-8908 | |
| TITLE <input type="checkbox"/> DELETE | | 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME HARDY, PAUL | | 2.2 NAME | |
| STREET ADDRESS 4500 EXECUTIVE DRIVE | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP NAPLES FL | | 2.4 CITY-ST-ZIP | |
| TITLE <input checked="" type="checkbox"/> DELETE | | 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME SHIELDS, JAMES E. | | 3.2 NAME | |
| STREET ADDRESS 4500 EXECUTIVE DRIVE | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP NAPLES FL | | 3.4 CITY-ST-ZIP | |
| TITLE <input checked="" type="checkbox"/> DELETE | | 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME JOHNSON, ROBERT W JR | | 4.2 NAME | |
| STREET ADDRESS 4500 EXECUTIVE DR | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP NAPLES FL | | 4.4 CITY-ST-ZIP | |
| TITLE <input type="checkbox"/> DELETE | | 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE <input type="checkbox"/> DELETE | | 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

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: *Janet Kelly* **Janet Kelly** **3/19/97** (941) 597-9061

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0060230

CR2E037 (9/96)