

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 13 PM 2: 24

DOCUMENT # **N37981** (0)

1. Corporation Name
IMPERIAL BONITA ESTATES LOT OWNERS ASSOCIATION, INC.

Principal Place of Business
**27359 DUVERNAY DR
BONITA SPRGS FL 33923
US**

Mailing Address
**27359 DUVERNAY DR
BONITA SPRGS FL 33923
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/03/1990** 3a. Date of Last Report **03/08/1994**

4. FEI Number **65-0191099** 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**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business

21 Suite, Apt. #, etc. 25

22 City & State 27

23 Zip 29 Country 30

9. Name and Address of Current Registered Agent

**SANFORD RICHARD F
27359 DUVERNAY DRIVE
BONITA SPRINGS FL 33923**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Richard F. Sanford D.A. DATE **2/3/95**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	HONAKER, WILLIAM A	1.2 NAME	GOVEIA CLARENCE
STREET ADDRESS	27288 DUVERNAY DR	1.3 STREET ADDRESS	27048 VALOIS DRIVE
CITY-ST-ZIP	BONITA SPRINGS FL	1.4 CITY-ST-ZIP	BONITA SPRINGS FLA 33923
TITLE	VD	2.1 TITLE	D
NAME	VESCE, JOSEPH	2.2 NAME	VESCE JOSEPH
STREET ADDRESS	27392 DUVERNAY DRIVE	2.3 STREET ADDRESS	27392 DUVERNAY DRIVE
CITY-ST-ZIP	BONITA SPRINGS FL	2.4 CITY-ST-ZIP	BONITA SPRINGS FLA, 33923
TITLE	SD	3.1 TITLE	
NAME	WOOLEY, GRACE	3.2 NAME	
STREET ADDRESS	27295 DUVERNAY DR SE	3.3 STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS FL	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	
NAME	BLAIR, JOYCE	4.2 NAME	
STREET ADDRESS	27448 VALOIS DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS FL	4.4 CITY-ST-ZIP	
TITLE	DA	5.1 TITLE	
NAME	SANFORD, RICHARD F	5.2 NAME	
STREET ADDRESS	27359 DUVERNAY DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	VD
NAME	NELSON, CULLY W	6.2 NAME	MANFRED GILBERT STERN
STREET ADDRESS	27388 DUVERNAY DR	6.3 STREET ADDRESS	27349 DUVERNAY DRIVE
CITY-ST-ZIP	BONITA SPRINGS FL	6.4 CITY-ST-ZIP	BONITA SPRINGS FLA, 33923

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE: Richard F. Sanford

RICHARD F. SANFORD 2/3/95 992-3020

SIGNATURE AND TYPED OR PRINTED NAME OF BOILING OFFICER OR DIRECTOR

Title

Corporate Number