

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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**

3. Date Incorporated or Qualified: **05/03/1990**
3a. Date of Last Report: **02/13/1995**

21. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
22. Suite, Apt. #, etc	26. Suite, Apt. #, etc	65-0191099	Not Applicable
23. City & State	27. City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
24. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
25. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
30. Country			

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	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	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 officer 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

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

(NOTE: Registered Agent signature required when re-registering)

Richard F Sanford

2/1/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	P.D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOVEIA, CLARENCE	1.2 NAME	JAN-STOKES
STREET ADDRESS	27048 VALOIS DR	1.3 STREET ADDRESS	27267 DUVERNAY DR
CITY-ST-ZIP	BONITA SPRINGS FL	1.4 CITY-ST-ZIP	BONITA SPRINGS FLA 33923
TITLE	D	2.1 TITLE	D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VESCE, JOSEPH	2.2 NAME	GOVEIA CLARENCE
STREET ADDRESS	BONITA SPRINGS FL	2.3 STREET ADDRESS	27048 VALOIS DR
CITY-ST-ZIP	BONITA SPRINGS FL	2.4 CITY-ST-ZIP	BONITA SPRINGS FLA 33923
TITLE	SO	3.1 TITLE	DR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WOOLEY, GRACE	3.2 NAME	SPARLOCK ELAINE
STREET ADDRESS	27295 DUVERNAY DR SE	3.3 STREET ADDRESS	27312 VALOIS DR
CITY-ST-ZIP	BONITA SPRINGS FL	3.4 CITY-ST-ZIP	BONITA SPRINGS FLA 33923
TITLE	TD	4.1 TITLE	DR. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BLAIR, JOYCE	4.2 NAME	LOSCALZO ROCCO
STREET ADDRESS	27448 VALOIS DR	4.3 STREET ADDRESS	27181 CASPARILLA DR
CITY-ST-ZIP	BONITA SPRINGS FL	4.4 CITY-ST-ZIP	BONITA SPRINGS FLA, 33923
TITLE	DA	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	VD	6.1 TITLE	V.D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDSTEIN, MANFRED	6.2 NAME	WILFRED HEBERT
STREET ADDRESS	27349 DUVERNAY DR	6.3 STREET ADDRESS	27338 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Richard F Sanford* **RICHARD F SANFORD** **941-992-3020**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)