


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 28 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 34135-6002 US
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2. Principal Place of Business 21 Suite, Apt. #, etc 22 City & State 23 Zip 24	2a. Mailing Address 25 Suite, Apt. #, etc 26 City & State 27 Zip 28 Country 29	3. Date Incorporated or Qualified 05/03/1990	3a. Date of Last Report 02/07/1996
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4. FEI Number 65-0191099	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input 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  
**SANFORD RICHARD F**  
27359 DUVERNAY DRIVE  
BONITA SPRINGS FL 33923  
*Richard F Sanford D.A.*

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code  
**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD STOKES, JAN 27287 DUVERWAY DR BONITA SPRINGS FL	<input type="checkbox"/> DELETE	1.1 TITLE <b>D. GOVEIA CLARENCE</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			1.2 NAME <b>27040 VALOIS DRIVE</b>
STREET ADDRESS			1.3 STREET ADDRESS <b>BONITA SPRINGS FLA 34135</b>
CITY-ST-ZIP			1.4 CITY-ST-ZIP
TITLE	D VESCE, JOSEPH 27392 DUVERNAY DRIVE BONITA SPRINGS FL	<input type="checkbox"/> DELETE	2.1 TITLE <b>D RICHARD STOKES</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			2.2 NAME <b>27287 DUVERNAY DR.</b>
STREET ADDRESS			2.3 STREET ADDRESS <b>BONITA SPRINGS FLA 34135</b>
CITY-ST-ZIP			2.4 CITY-ST-ZIP
TITLE	SD WOOLEY, GRACE 27295 DUVERNAY DR SE BONITA SPRINGS FL	<input type="checkbox"/> DELETE	3.1 TITLE <b>D LOS-CALZO ROCCO</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			3.2 NAME <b>27312 GASPARILLA DRIVE</b>
STREET ADDRESS			3.3 STREET ADDRESS <b>BONITA SPRING FLA 34135</b>
CITY-ST-ZIP			3.4 CITY-ST-ZIP
TITLE	TD BLAIR, JOYCE 27448 VALOIS DR BONITA SPRINGS FL	<input checked="" type="checkbox"/> DELETE	4.1 TITLE <b>T.D. ELAINE SPURLOCK</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME <b>27181 VALOIS DRIVE</b>
STREET ADDRESS			4.3 STREET ADDRESS <b>BONITA SPRINGS FLA 34135</b>
CITY-ST-ZIP			4.4 CITY-ST-ZIP
TITLE	DA SANFORD, RICHARD F 27359 DUVERNAY DRIVE BONITA SPRINGS FL	<input type="checkbox"/> DELETE	5.1 TITLE
NAME			5.2 NAME
STREET ADDRESS			5.3 STREET ADDRESS
CITY-ST-ZIP			5.4 CITY-ST-ZIP
TITLE	VD HEBERT, WILFRED 27338 DUVERNAY DR BONITA SPRINGS FL	<input type="checkbox"/> DELETE	6.1 TITLE
NAME			6.2 NAME
STREET ADDRESS			6.3 STREET ADDRESS
CITY-ST-ZIP			6.4 CITY-ST-ZIP

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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: *Richard F Sanford* **RICHARD F SANFORD** 3/24/97 992-3020 (1941)  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0060486

CR2E037 (9/96)