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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N37981

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
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 05/03/1990
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0191099
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees

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 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 Richard F Sanford DATE MARCH 3 1999

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

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	STOKES, JAN	
STREET ADDRESS	27287 DUVERWAY DR	
CITY-ST-ZIP	BONITA SPRINGS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VESCE, JOSEPH	
STREET ADDRESS	27392 DUVERNAY DRIVE	
CITY-ST-ZIP	BONITA SPRINGS FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	DIXON, JOAN	
STREET ADDRESS	27367 DUVERNAY DR	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SMALL, HARMAN	
STREET ADDRESS	27340 BOURBONNIERE DR	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	
TITLE	DA	<input type="checkbox"/> DELETE
NAME	SANFORD, RICHARD F	
STREET ADDRESS	27359 DUVERNAY DRIVE	
CITY-ST-ZIP	BONITA SPRINGS FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	HEBERT, WILFRED	
STREET ADDRESS	27338 DUVERNAY DR	
CITY-ST-ZIP	BONITA SPRINGS FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	AD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HERMAN SMALL	
1.3 STREET ADDRESS	27340 BOURBONNIERE DRIVE	
1.4 CITY-ST-ZIP	BONITA SPRINGS FLA 34135	
2.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	JOYCE BLAIR,	
2.3 STREET ADDRESS	27440 VALOIS DR,	
2.4 CITY-ST-ZIP	BONITA SPRINGS FLA, 34135	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	KENNETH JOHNSTON	
3.3 STREET ADDRESS	27367 VALOIS DRIVE	
3.4 CITY-ST-ZIP	BONITA SPRINGE FLA 34135	
4.1 TITLE	TID	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	TREASURER DIRECTOR	
4.3 STREET ADDRESS	ELBAINE SAULOCK	
4.4 CITY-ST-ZIP	27312 VALOIS DRIVE	
5.1 TITLE	TID	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	DIRECTOR - FINANCE	
5.3 STREET ADDRESS	THOMAS FEAGAN LOCK,	
5.4 CITY-ST-ZIP	27312 BOURBONNIERE DRIVE	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	DIRECTOR	
6.3 STREET ADDRESS	MARGARET HARE	
6.4 CITY-ST-ZIP	27356 BOURBONNIERE DRIVE	
		BONITA SPRING FL 34135

14. 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 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, with all other like empowered.

SIGNATURE: Richard F Sanford DATE: 3/3/99 DAYTIME PHONE: 941-992-3020

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/198)