

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 21, 2004 8:00 am
Secretary of State

07-21-2004 90022 022 ****61.25

DOCUMENT # N38120

1. Entity Name
RESIDENT COUNCIL OF BONAIR TOWERS, INC.



Principal Place of Business
**1915 HALGRIM AVE.
#208
FT. MYERS, FL 33901**

Mailing Address
**1915 HALGRIM AVE.
#208
FT. MYERS, FL 33901**

54064023



2. Principal Place of Business
**1915 Halgrim Ave
Suite, Apt. #, etc.
#508**

3. Mailing Address
**1915 Halgrim Ave
Suite, Apt. #, etc.
#508**

05052004 Chg-NP CR2E037 (10/03)

City & State
Ft. Myers, FL
Zip
33901
Country
Lee

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4. FEI Number
65-0327903
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ENGLISH, ANNIE
1915 HALGRIM AVE.
#208
FT MYERS, FL 33901**

7. Name and Address of New Registered Agent

Name
Donald E. Blaney
Street Address (P.O. Box Number is Not Acceptable)
1915 Halgrim Ave. #508
City
Ft. Myers FL Zip Code
33901

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Donald E. Blaney**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7-19-04
DATE

**Filing Fee is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ENGLISH, ANNIE 1915 HALGRIM AVE. #208 FT. MYERS, FL 33901	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD COLBAUCH, ERMON "BIRTY" 1915 HALGRIM AVE 704 FORT MYERS, FL 33901	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LAURENT, EINORA 1915 HALGRIM AVE 310 FORT MYERS, FL 33901	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MARTINEZ, EDWIN 1915 HALGRIM AVE 1104 FT. MYERS, FL 33901	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS BAKER, ROBERT 1915 HALGRIM AVE 602 FORT MYERS, FL 33901	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Donald E Blaney 1915 Halgrim Ave. #508 FT. MYERS, FL 33901	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Patrick Marchese 1915 Halgrim Ave. #1103 FT. MYERS, FL 33901	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NANCY MARTIN 1915 Halgrim Ave. #407 FT. MYERS, FL 33901	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Obedwilio Sanchez 1915 Halgrim Ave #508 FT. MYERS, FL 33901	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Donald E. Blaney**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/19/04 Date
(239) 275-3812 Daytime Phone #