

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90026 042 ****70.00

DOCUMENT # N38120

1. Entity Name

RESIDENT COUNCIL OF BONAIR TOWERS, INC.



Principal Place of Business

1915 HALGRIM AVE.
508
FT. MYERS FL 33901

Mailing Address

1915 HALGRIM AVE.
508
FT. MYERS FL 33901



2. Principal Place of Business

1915 HALGRIM AVE.

3. Mailing Address

1915 HALGRIM

Suite, Apt. #, etc.

805

Suite, Apt. #, etc.

805

City & State

FORT MYERS, FLORIDA

City & State

FORT MYERS, FLORIDA

1st MOORE

CR2E037 (10/05)

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

BLANEY, DONALD E
1915 HALGRIM AVE.
508
FT MYERS FL 33901

7. Name and Address of New Registered Agent

Name

PATRICIA DELANEY

Street Address (P.O. Box Number is Not Acceptable)

1915 HALGRIM AVE

805

City

FORT 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

Patricia Delaney, Pres.

PATRICIA DELANEY, President

3/30/06

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

Due By May 1, 2006

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 PD ☒ Delete
NAME BLANEY, DONALD E
STREET ADDRESS 1915 HALGRIM AVE # 508
CITY-ST-ZIP FT. MYERS FL 33901

TITLE VD ☒ Delete
NAME MARCHESE, PATRICK
STREET ADDRESS 1915 HALGRIM AVE # 1103
CITY-ST-ZIP FORT MYERS FL 33901

TITLE S ☐ Delete
NAME MARTIN, NANCY
STREET ADDRESS 1915 HALGRIM AVE # 407
CITY-ST-ZIP FORT MYERS FL 33901

TITLE TD ☐ Delete
NAME MARTINEZ, EDWIN
STREET ADDRESS 1915 HALGRIM AVE 1104
CITY-ST-ZIP FT. MYERS FL 33901

TITLE AS ☒ Delete
NAME SANCHOZ, OBDWLIO
STREET ADDRESS 1915 HALGRIM AVE # 809
CITY-ST-ZIP FORT MYERS FL 33901

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Change ☐ Addition
NAME PATRICIA DELANEY
STREET ADDRESS 1915 HALGRIM AVE # 805
CITY-ST-ZIP FORT MYERS, FLORIDA 33901

TITLE VD ☒ Change ☐ Addition
NAME PHYLLIS FLANDERS
STREET ADDRESS 1915 HALGRIM AVE # 1005
CITY-ST-ZIP FORT MYERS, FLORIDA 33901

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE AS ☒ Change ☐ Addition
NAME ERMON COLBAUGH
STREET ADDRESS 1915 HALGRIM AVE # 704
CITY-ST-ZIP FORT MYERS, FLORIDA 33901

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Patricia Delaney, President

PATRICIA DELANEY

3/30/06

239-326-8459

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #