

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra S. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N42588** (6)
1. Corporation Name
BONITA INDUSTRIAL PARK ADDITION II MANAGEMENT ASSOCIATION, INC.



Principal Place of Business 27090 FLOSSMOOR DRIVE BONITA SPRINGS FL 33923	Mailing Address 27090 FLOSSMOOR DRIVE BONITA SPRINGS FL 34135-4411
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2. Principal Place of Business 21 24831 OLD 41 Rd. Suite, Apt. #, etc.		2a. Mailing Address 26 24831 OLD 41 Rd. Suite, Apt. #, etc.		3. Date Incorporated or Qualified 03/20/1991		3a. Date of Last Report 01/31/1996	
22 City & State 23 BONITA SPRINGS, FL.		27 City & State 28 BONITA SPRINGS, FL		4. FEI Number 65-0251180		Applied For Not Applicable	
24 Zip 34135		25 Country USA		29 Zip 34135		30 Country USA	
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 checked="" type="checkbox"/> No							

9. Name and Address of Current Registered Agent POWELL CHRISTIAN F. 27090 FLOSSMOOR DRIVE BONITA SPRINGS FL 33923				10. Name and Address of New Registered Agent 81 Name KENNETH SMITH 82 Street Address (P.O. Box Number is Not Acceptable) 11000-7 METRO PKWY. 83 84 City FT. MYERS FL 85 Zip Code 33912			
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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 *Kenneth Smith* **KENNETH SMITH** **4-15-97**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	STD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	POWELL, BEVERLY JEAN		1.2 NAME	KENNETH SMITH			
STREET ADDRESS	27090 FLOSSMOOR DRIVE		1.3 STREET ADDRESS	11000-7 METRO PKWY			
CITY-ST-ZIP	BONITA SPRINGS FL		1.4 CITY-ST-ZIP	FT. MYERS, FL 33912			
TITLE	PD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	POWELL, CHRISTIAN F.		2.2 NAME	DAVID MEKEB			
STREET ADDRESS	27090 FLOSSMOOR DRIVE		2.3 STREET ADDRESS	24831 OLD 41 Rd			
CITY-ST-ZIP	BONITA SPRINGS FL		2.4 CITY-ST-ZIP	BONITA SPRINGS, FL. 34135			
TITLE	D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	POWELL, MATTHEW		3.2 NAME	DOUG PARKER			
STREET ADDRESS	27090 FLOSSMOOR DRIVE		3.3 STREET ADDRESS	24840 BURNETT PARK DR (STE 4)			
CITY-ST-ZIP	BONITA SPRINGS FL		3.4 CITY-ST-ZIP	BONITA SPRINGS, FL. 34134			
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP				

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 in Block 14, if added, with an address.

SIGNATURE: *David Mekeb* **DAVID MEKEB** **4-15-97** **947-0266**
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 6080456

CR2E037 (9/96)