FILE NOW: FILING FEE IS $61.25

FILED
Jan 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N44576** **(9)**

1. Corporation Name

LAKESIDE AT BONITA BAY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4081 BAYHEAD DRIVE BONITA SPRINGS FL 33923 US	4081 BAYHEAD DRIVE APT 104 BONITA SPRINGS FL 34134-2676 US

3. Date Incorporated or Qualified: 08/01/1991
3a. Date of Last Report: 02/01/1996

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24: 34134
Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29
Country — 30

4. FEI Number: 65-0335550 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

NELSON, SUE
4081 BAY HEAD DRIVE 101
BONITA SPRINGS FL 33923

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: **FL** 85 Zip Code: 34134

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	NELSON, SUE		1.2 NAME		
STREET ADDRESS	4081 BAYHEAD DRIVE #101		1.3 STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS FL 33923		1.4 CITY-ST-ZIP	34134	
TITLE	VPD	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	KROPP, DOROTHY		2.2 NAME		
STREET ADDRESS	4081 BAYHEAD DRIVE #102		2.3 STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS FL 33923		2.4 CITY-ST-ZIP	34134	
TITLE	SD	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	GRAY, GERALD		3.2 NAME		
STREET ADDRESS	4001 WHISKEY POINTE LANE 101		3.3 STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS FL 33923		3.4 CITY-ST-ZIP	34134	
TITLE	VPD	☐ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	WINCEK, VIRGINIA		4.2 NAME		
STREET ADDRESS	4001 WHISKEY POINTE LANE, #201		4.3 STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS FL 33923		4.4 CITY-ST-ZIP	34134	
TITLE	TD	☐ DELETE	5.1 TITLE		☒ Change ☐ Addition
NAME	THAELE, HARRO		5.2 NAME		
STREET ADDRESS	4081 BAYHEAD DRIVE #104		5.3 STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS FL 33923		5.4 CITY-ST-ZIP	34134	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

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: Sue Nelson Pres. / SUE NELSON, PRES. 1-6-97 (941) 992-4412
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0060332