FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #
1. Corporation Name

N44576

(9)

4001 WHISKEY POINTE LANE 101

4001 WHISKEY POINTE LANE, #201

BONITA SPRINGS FL

WINCEK, VIRGINIA

THAELE, HARRO

BONITA SPRINGS FL

BONITA SPRINGS FL

4081 BAYHEAD DRIVE #104

VPD

LAKE	SIDE AT BONITA BAY ASSO	OCIATION, INC.					
Principal Place of Business Mailing Addre					. INDICIENT DOT MINNT BIRDL DIFFIT SOUTH DIFFIT BLOCK	Distinction of	:E(0 0 1 1E0
4081 BAYHEAD DRIVE BONITA SPRINGS FL 34134 US		4081 Bayhead Drive Apt 104 Bonita Springs FL 33923 Us		3. Date Incorporated or Qualified 08/01/1991 4. FEI Number		oplied For	
2 Dianiani	Plane of Projects	2a. Mailing Address		65-0335550		ot Applicable	
2. Principal Place of Business		2s. Mailing Address 26		5. Certificate of Status Desired	\$8.75 / Fee Re		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campalgn Financing Trust Fund Contribution	\$5.00 Added to		
City & Sta	City & State City & State				7. Is this nonprofit corporation a homeowr	ners association	1?
Zip 24	Country 25	Zip 29 34134	Countr	у	This corporation owes or has paid the opersonal Property Tax due June 30.	Yes 🔀	angible No
	9. Name and Address of Currer	nt Registered Agent	81		10. Name and Address of New Registers	d Agent	
NELSON, SUE 4081 BAY HEAD DRIVE 101				1	dress (P.O. Box Number is Not Acceptable)		
BONIT		83					
			84			LIII	Code
1		02 and 617.1508, Florida Statut of Florida. Such change was a ations of, Section 617.0503, Flo	es, the above authorized b orida Statute	re-named co y the corpores.	orporation submits this statement for the purpose ration's board of directors. I hereby accept the a	of changing its ppointment as	s registered registered
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOT)	E: Registered Ag	ent signature red	cuired when reinstating) DATE		
12. OFFICERS AND DIRECTORS			13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	S IN 12
TITLE	PD	☐ DELETE	1.1 TITLE			Change	★ Addition
NAME	NELSON, SUE		1.2 NAME				
STREET ADDRESS	100 (0.111100)		1.3 STREE	T ADDRESS		w/ /	
CITY-ST-ZIP	BONITA SPRINGS FL		1.4 CJTY - :	ST-ZIP		34134	
TITLE	VPD	DELETE	2.1 TETLE			Change Change	X Addition
NAME	KROPP, DOROTHY		2.2 NAME				
STREET ADDRESS			2.3 STREE	TADDRESS		21/21	
CITY-ST-ZIP BONITA SPRINGS FL			2. 4 CiTY-	ST(ZIP)		34134	
TITLE	ŠD	DELETE	3.1 TITLE		•	Change	X Addition
NAME	GRAY, GERALD		3.2 NAME	1			

6.4 CITY-ST-ZIP 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.

3.3 STREET ADDRESS

3.4. CITY-ST-ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST ZIP

4.4 CITY-ST ZIP

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY - ST - ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

NAME

TITLE

NAME

DELETE

DELETE

DELETE

34134

34134

Change

34134

Change

Addition

X Addition

■ Addition

FILED

Jan 20 1998 8:00am

Secretary of State