

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION,
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
32399-0001

APPROVED
AND
FILED

50 MAY 1 1995

DOCUMENT # N44632 (0)

BONITA SPRINGS AREA HOUSING DEVELOPMENT CORPORAT
ION

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

1. Principal Place of Business 3451 BONITA BAY BLVD BONITA SPRINGS FL 33923		2a. Mailing Address 3451 BONITA BAY BLVD BONITA SPRINGS FL 33923	
2. Principal Place of Business 21 11680 Bonita Beach Road Suite Apt # etc. 22 Unit 1 City & State 23 Bonita Springs, FL 24 33923		2a. Mailing Address 26 Post Office Box 3189 Suite Apt # etc. 27 City & State 28 Bonita Springs, FL 29 33959-3189 30 Lee	
3. Date Incorporated or Qualified 08/09/1991		3a. Date of Last Report 08/24/1994	
4. FEI Number 65-0276988		5. Certificate of Status (Desired) ☐ \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees		7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ \$68.75 Supplemental Fee Not Required	
8. This corporation has liability for franchise tax under S. 190.032, Florida Statutes ☐ Yes ☒ No			

9. Name and Address of Current Registered Agent MORICONI, STEVE 16520 S. TAMiami TRAIL FORT MYERS FL 33908		10. Name and Address of New Registered Agent 81 Name James M. Theckston 82 Street Address (P.O. Box Number is Not Acceptable) 15110 Ports of Iona Drive 83 84 City Fort Myers, FL 85 Zip Code 33908	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.1505, Florida Statutes. SIGNATURE: <i>James M. Theckston</i> James M. Theckston, Pres. May 1, 1995 Agent of record in previous year, if registered agent and this is applicable. (If not, Registered Agent signature required after registration.)			

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE S NAME BIOLCHINI, DONNA STREET ADDRESS P.O. BOX 1689 N/A CITY, ST, ZIP BONITA SPRINGS FL 33959	2. TITLE V NAME CANTWELL, DENNIS STREET ADDRESS 3421 BONITA BEACH ROAD CITY, ST, ZIP BONITA SPRINGS FL 33923	3. TITLE P NAME THECKSTON, JAMES M. STREET ADDRESS 15110 Ports of Iona Drive CITY, ST, ZIP Fort Myers, FL 33908	4. TITLE V NAME BIOLCHINI, DONNA C. STREET ADDRESS 27565 LOS AMIGOS LN. CITY, ST, ZIP BONITA SPRINGS, FL 33923
5. TITLE D NAME GILKEY, DENNIS STREET ADDRESS 3451 BONITA BEACH BLVD. CITY, ST, ZIP BONITA SPRINGS FL 33923	6. TITLE P NAME FLADLER, WILLIAM STREET ADDRESS 5801 PELICAN BAY BLVD CITY, ST, ZIP NAPLES FL 33940	7. TITLE T NAME HARTLINE, ANDREW B. STREET ADDRESS 801 LAUREL OAK DRIVE CITY, ST, ZIP NAPLES, FL 33963	8. TITLE D NAME CANTWELL, DENNIS STREET ADDRESS 26910 WEDGEWOOD DR. CITY, ST, ZIP BONITA SPRINGS, FL 33923
9. TITLE I NAME MORICONI, STEVE STREET ADDRESS 16520 S. TAMiami TRAIL CITY, ST, ZIP FORT MYERS FL 33908	10. TITLE D NAME WILSON, KATHLEEN STREET ADDRESS 16517 VANDERBILT DRIVE #11 CITY, ST, ZIP BONITA SPRINGS FL 33923	11. TITLE D NAME FEDOR, EVELYN STREET ADDRESS 28171 WINTHROP CIRCLE CITY, ST, ZIP BONITA SPRINGS, FL 33923	12. TITLE D NAME STREET ADDRESS CITY, ST, ZIP

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 149.07(3)(b), 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 147, Florida Statutes, and that my name appears in Block 12 or Block 13 of this filing or on an attachment with an address.

SIGNATURE: *Russell L. Shreeve, Jr.* Russell L. Shreeve, Jr. Sect. 05/01/95 (941)495-7100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR