

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N44632** (0)

1. Corporation Name

**BONITA SPRINGS AREA HOUSING DEVELOPMENT CORPORAT
ION**



Principal Place of Business

**11680 BONITA BEACH RD
UNIT 1
BONITA SPRINGS FL 33923
US**

Mailing Address

**PO BOX 3189
BONITA SPRINGS FL 33959
US**

3. Date Incorporated or Qualified
08/09/1991

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

65-0276988

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

10. Name and Address of New Registered Agent

**THECKSTON, JAMES M.
15110 PORTS OF IONA DRIVE
FORT MYERS FL 33908**

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

James M. Theckston, President 1/30/96

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP

**S BIOLCHINI, DONNA
P.O. BOX 1689 N/A
BONITA SPRINGS FL 33959**

TITLE NAME STREET ADDRESS CITY - ST - ZIP

**V BIOLCHINI, DONNA C.
27565 LOS AMIGOS LANE
BONITA SPRINGS FL**

TITLE NAME STREET ADDRESS CITY - ST - ZIP

**D GILKEY, DENNIS
3451 BONITA BEACH BLVD.
BONITA SPRINGS FL 33923**

TITLE NAME STREET ADDRESS CITY - ST - ZIP

**D CANTWELL, DENNIS
26910 WEDGEWOOD DR
BONITA SPRINGS FL**

TITLE NAME STREET ADDRESS CITY - ST - ZIP

**T MORICONI, STEVE
16520 S. TAMAMI TRAIL
FORT MYERS FL 33908**

TITLE NAME STREET ADDRESS CITY - ST - ZIP

**D WILSON, KATHLEEN
16517 VANDERBILT DRIVE #11
BONITA SPRINGS FL 33923**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP

**T ANDREW B. HARTLINE
2334 ARBOUR WALK CIRCLE
NAPLES, FL 33942**

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP

**D DAVID E. McKEE
27171 KINDLEWOOD LANE
BONITA SPRINGS, FL 33923**

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP

**D YOLANDA HEREDIA
9375 STRIKE LANE
BONITA SPRINGS, FL 33923**

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP

**D YOLANDA HEREDIA
9375 STRIKE LANE
BONITA SPRINGS, FL 33923**

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP

**D YOLANDA HEREDIA
9375 STRIKE LANE
BONITA SPRINGS, FL 33923**

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

**D YOLANDA HEREDIA
9375 STRIKE LANE
BONITA SPRINGS, FL 33923**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(f) of the 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 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. 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 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.

SIGNATURE: **Russell L. Shreeve, Jr.** Sect. 1/30/96 (941) 495-7100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)