FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

(0)

BONITA SPRINGS AREA HOUSING DEVELOPMENT CORPORAT

Principal Place of Business Mailing Address 11680 BONITA BEACH RD PO BOX 3189 3. Date Incorporated or Qualified BONITA SPRINGS FL 34133 08/09/1991 BONITA SPRINGS FL 34135 4. FEI Number 65-0276988 2. Principal Place of Business 2a. Malling Address \$8.75 Additional 5. Certificate of Status Desired 3551 Bonita Bay Boulevard 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$5.00 May Be 6. Election Campaign Financing 6 wite 4 27 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? Bonita Springs Yes **I**✓ No 23 Country Country Zip 8. This corporation owes or has paid the current year intangible 29 9. Name and Address of Current Registered Agent

BIOLCHINI, DONNA 27565 LOS AMIGOS LANE **BONITA SPRINGS FL 34135**

	Personal Property Tax due June 30. 🔲 Yes 🔟 No
	10. Name and Address of New Registered Agent
81	Name David E. McKee
62	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City Estero FI 85 Zip Code

FILED

Mar 16 1998 8:00am

Secretary of State

Applied For

Fee Required

Not Applicable

				CSTRID F	L 33	54.28		
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 eigent, 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 appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with a december of the appointment as registered agent. I am familiar with a december of the appointment as registered agent. I am familiar with a december of the appointment as registered agent. I am familiar with a december of the appointment as registered agent. I am familiar with a december of the appointment as registered agent. I am familiar with a december of the appointment as registered agent. I am familiar with a december of the appointment as registered agent. I am familiar with a december of the appointment as registered agent. I am familiar with a december of the appointment as registered agent. I am familiar with a december of the appointment as registered agent. I am familiar with a december of the appointment as registered agent. I am familiar with a december of the appointment and the appointment and the appointment as registered agent.								
agent. I am familier with, and accept the obligations of, Section 617.0503, Florida Statutes.								
SIGNATURE	Dans C. Mefee	, DAVID E	MYKEE	31	2 98			
	Signature, typed or printed name of registered agent and little if appli			e required when reinstating) DATE	V			
12.	OFFICERS AND DIRECTOR		13.	ADDITIONS/CHANGES TO OFFICERS A				
TITLE	T	DELETE	1.1 TITLE	D		Addition		
NAME	FEDOR, EVELYN		1.2 NAME	Creighton, Donna 27432 Pelican Ridge circle				
STREET ADDRESS	28171 WINTHROP CIRCLE		1.3 STREET ADDRESS			1		
CITY-ST-ZIP	BONITA SPRINGS FL		1.4 CITY-ST-ZIP	Bonita Springs, PL 34134				
TITLE	D	DELETE	2.1 TITLE	Δ	☐ Change	Addition		
NAME	HARLOW, JIM		2.2 NAME	Del Gasso, Darla 10015 Kentucky Street		Ī		
STREET ADDRESS	26650 NOBLE LANE		2.3 STREET ADDRESS	10015 Kentucky Street				
CITY-ST-ZIP	BONITA SPRINGS FL		2. 4 CITY-ST-ZIP	Bonita Springs, PL 34135				
TITLE	D	DELETE	3.1 TITLE	D	Change	Addition		
NAME	MCKEE, DAVID E		3.2 NAME	Hewitt, Tom		i		
STREET ADDRESS	27171 KINDLEWOOD LANE		3.3 STREET ADDRESS	26650 Noble Lane		J		
CITY-ST-ZIP	BONITA SPRINGS FL		3.4. CITY-ST-ZIP	Bonita Springs, A. 34134				
TITLE	D	☐ DELETE	4.1 TITLE		Change Change	Addition		
NAME	CANTWELL, DENINIS		4. 2 NAME					
STREET ADDRESS	26910 WEDGEWOOD DR		4.3 STREET ADDRESS			J		
CITY-ST-ZIP	BONITA SPRINGS FL		4.4 CITY - ST-ZIP					
TITLE	D	DELETE	5.1 TITLE		Change	Addition		
NAME	PHILLIPS, SANDRA		5.2 NAME					
STREET ADDRESS	27975 OLD 41 ROAD		5.3 STREET ADDRESS					
CITY-ST-ZIP	BONITA SPRINGS FL		5.4 CITY-ST-ZIP	<u> </u>				
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change	Addition		
NAME	Wilson, Kathleen		6.2 NAME	, ŧ				
STREET ADDRESS	16517 VANDERBILT DRIVE #II		6.3 STREET ADDRESS					
CITY-ST-ZIP	BONITA SPRINGS FL 33923		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, of on an attachment with an address.

SIGNATURE:

SIGNATURE:

3/2/98

941/947-0266

941/947-0266