

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 19, 1999 8:00 am
Secretary of State

07-19-1999 90004 005 ****61.25

DOCUMENT # N44632

1. Corporation Name

**BONITA SPRINGS AREA HOUSING DEVELOPMENT CORPORAT
ION**

Principal Place of Business

3551 BONITA BAY BLVD
STE 4
BONITA SPRINGS FL 34134
US

Mailing Address

PO BOX 3189
BONITA SPRINGS FL 34133
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		08/09/1991	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0276988	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution	
24		29		30	

9. Name and Address of Current Registered Agent

MCKEE, DAVID E.
22210 FAIRMONT CT
ESTERO FL 33928

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

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

David E. McKee
Signature typed or printed name of registered agent and title if applicable.

DAVID E. MCKEE, PRESIDENT

7-8-99

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CREIGHTON, DONNA	1.2 NAME	Hewitt, Tom
STREET ADDRESS	27432 PELICAN RIDGE CIRCLE	1.3 STREET ADDRESS	26650 Noble Lane
CITY-ST-ZIP	BONITA SPRINGS FL 34134	1.4 CITY-ST-ZIP	Bonita Springs, FL 34135
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARLOW, JIM	2.2 NAME	Saldivar, Flor
STREET ADDRESS	26650 NOBLE LANE	2.3 STREET ADDRESS	27891 Matheson
CITY-ST-ZIP	BONITA SPRINGS FL	2.4 CITY-ST-ZIP	Bonita Springs, FL 34135
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCKEE, DAVID E	3.2 NAME	Fedor, Evenlyn
STREET ADDRESS	27171 KINDLEWOOD LANE	3.3 STREET ADDRESS	28171 Winthrop Circle
CITY-ST-ZIP	BONITA SPRINGS FL	3.4 CITY-ST-ZIP	Bonita Springs, FL 34135
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CANTWELL, DENNIS	4.2 NAME	
STREET ADDRESS	26910 WEDGEWOOD DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS FL	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, KATHLEEN	6.2 NAME	
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, or on an attachment with an address, with all other like empowered.

SIGNATURE:

David S. Mourick
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Executive Director

Date

Daytime Phone #

8-8-99 941-455-7100

CR2E037 (5/99)

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