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

## N44632 DOCUMENT #

1. Corporation Name

## BONITA SPRINGS AREA HOUSING DEVELOPMENT CORPORAT ION

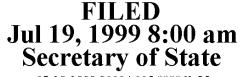
Principal Place of Business 3551 BONITA BAY BLVD STE 4

**BONITA SPRINGS FL 34134** 

Mailing Address

PO BOX 3189

**BONITA SPRINGS FL 34133** 



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

.     <b>         </b>		LLL BLOCK B! BLL BLOCK LODGE

<b>→</b> .	lace of Business	2a. Mailing Address				<ol> <li>Date Incorporated or Qualifity 08/09/1991</li> </ol>	ed			
21	<u> </u>	26 Suite Ast # ats				4. FEI Number		l lar	plied For	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				65-0276988			t Applicable	
22		27	·-			03 0210300				
City & State City & State 23					5. Certifcate of Status Desired	sired  Fee Required				
Zip	Country	Zip	Cou	ntry		6. Election Campaign Financir	g 🗆	\$5.00	May Be	
24	25	29	30			Trust Fund Contribution	ш	Added	to Fees	
<del></del>	9. Name and Address of Current	t Registered Agent				10. Name and Address of New	v Registere	ed Agent		
- U				81	Name					
MOUTE DAME										
MCKEE, DAVID E.				82 Street Address (P.O. Box Number is Not Acceptable)						
	AIRMONT CT			83						
ESTERO	FL 33928			"						
				84	City		F	85 Zip	Code	
				$\sqcup$			_			
11. Pursuant	to the provisions of Sections 617.0502	2 and 617.1508, Florida Stat	tutes, the al	bove	-named co	orporation submits this statement for t	he purpose cent the an	of changing its	registerea aistered	
omice or n	to the provisions of Sections 617.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	igns <b>©t,∕</b> Section 617.0503, F	Florida Stati	utes.		ation a bodie of directors. Thereby do			g	
	1 1000	laker DAVI	OE.		1448	F , PRESIDENT	7-8	3-99		
SIGNATURE	Signature, typed or printed name of registered agent					uired when reinstating)				
12.	OFFICERS AN	D DIRECTORS	13.			ADDITIONS/CHANGES TO	OFFICERS	AND DIRECTO		
TITLE	D	☐ DELETE	1.1 π	TLE		D		Change		
NAME	CREIGHTON, DONNA		1.2 N	WE	- 1	Hewitt, Tom				
STREET ADDRESS	27432 PELICAN RIDGE CIRCLE	=	1387	REET	ADDRESS	26650 Noble Lane				
	BONITA SPRINGS FL 34134			1.4 CITY-ST-ZIP		Bonita Springs,	FL 34	135		
CITY-ST-ZIP	DOMIN SIMINGS 12 34104	☐ DELETE	2.1 TI		- 2.17	D		☐ Change	X Addition	
TITLE	. •	(7) perfere			-	Saldivar, Flor			46	
NAME	HARLOW, JIM		2.2 N		-					
STREET ADDRESS	26650 NOBLE LANE		2.3 \$1	REET	ADDRESS	27891 Matheson	0.4	3.0-		
CITY-ST-ZIP	BONITA SPRINGS FL			ITY-S		Bonita Springs,	<u>FL 34</u>	135	W Addition	
TITLE	D -	DELETE.				Τ.	~	. Unange انام	X Addition	
NAME	MCKEE, DAVID E		3.2 N	ME	-	Fedor, Evenlyn				
STREET ADDRESS	27171 KINDLEWOOD LANE		3.3 S7	REET	ADDRESS	28171 Winthrop C Bonita Springs,	ircle			
CITY-ST-ZIP	Bonita Springs FL		3.4. C	ITY-S1	T-ZIP	Bonita Springs,	FL 34			
mlE	D	DELETE	4.1 TI	TLE				Change	Addition	
NAME	CANTWELL, DENNIS		4. 2 N	AME	]					
STREET ADDRESS	26910 WEDGEWOOD DR		4.3 S1	REET	ADDRESS					
CITY-ST-ZIP	BONITA SPRINGS FL		1	TY-ST						
TITLE	D	<b>■ X</b> DELETE	5177		-			☐ Change	Addition	
	PHILLIPS, SANDRA		5.2 N/							
NAME	27975 OLD 41 ROAD				ADDRESS					
STREET ADDRESS		14	1		1					
CITY-ST-ZIP	BONITA SPRINGS FL	Ethoricae	6.1 TT	TY-S1	-216			Change	Addition	
TITLE	D	XDELETE			l				☐ Addition	
NAME	WILSON, KATHLEEN		6.2 N/							
STREET ADDRESS	16517 VANDERBILT DRIVE #II		6.3 ST	REET	ADDRESS					
CTTV.ST. 7ID	BONITA SPRINGS FL 33923		6.4 CI	TY-\$1	1-21P					

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: SIGNATURE AND TYPED OR PEINTED NAME OF SIGNING OFFICER OR DIRECTOR EXECUTIVE DIRECTOR