

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44632

FILED
Jan 09, 2004
Secretary of State**Entity Name:** BONITA SPRINGS AREA HOUSING DEVELOPMENT CORPORATION**Current Principal Place of Business:**24831 OLD 41 ROAD., STE B
BONITA SPRINGS, FL 34135 US**New Principal Place of Business:**26801 OLD 41 ROAD
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BONITA SPRINGS, FL 34135 US**Current Mailing Address:**PO BOX 3189
BONITA SPRINGS, FL 34133 US**New Mailing Address:****FEI Number:** 65-0276988 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**MCKEE, DAVID E
22210 FAIRMONT CT
ESTERO, FL 33928 US**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** VPD () Delete
Name: MOURICK, DAVID J
Address: 4242 RITA LANE
City-St-Zip: BONITA SPRINGS, FL 34134**Title:** SD () Delete
Name: FEDOR, BRUCE
Address: 28171 WINTHROP CIRCLE
City-St-Zip: BONITA SPRINGS, FL 34135**Title:** D () Delete
Name: HOLLANDS, LOUIS
Address: 4083 RITA LANE
City-St-Zip: BONITA SPRINGS, FL 34134**Title:** D () Delete
Name: FORESTER, DEBRA
Address: 3461 BONITA BAY BLVD., STE 104
City-St-Zip: BONITA SPRINGS, FL 34135**Title:** () Delete
Name:
Address:
City-St-Zip:**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
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Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** TD () Change (X) Addition
Name: RON, DILLON
Address: P. O. BOX 366879
City-St-Zip: BONITA SPRINGS, FL 34134**Title:** D () Change (X) Addition
Name: KNOX, MCMASTERS
Address: 27200 RIVERVIEW CENTER BLVD.
City-St-Zip: BONITA SPRINGS, FL 34134

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRUCE G. FEDOR

SD

01/09/2004

Electronic Signature of Signing Officer or Director

Date