FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAR 15 AM 10:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000002592 (4)

1. Corporation Name

BONITA SPRINGS COMMUNITY REDEVELOMENT CORPORATIO N

Principal Place of Business	Mailing Address
27725 OLD 41 ROAD SUITE 104 BONITA SPRINGS FL 33923	27725 OLD 41 ROAD SUITE 104 BONITA SPRINGS FL 33923

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/01/1993
3a. Date of Last Report: 07/06/1994
4. FEI Number: 65-0466170 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21 27975 OLD 41 ROAD	26 PO DRAWER 2648
22 Suite, Apt. #, etc. LORD	27 Suite, Apt. #, etc. LORD
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip 33959 / 30 Country

9. Name and Address of Current Registered Agent

RICHARDSON, RALPH A
27725 OLD 41 ROAD
#104
BONITA SPRINGS FL 33923

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	DP ☑ Change ☐ Addition
NAME	DUNE, IRMA	1.2 NAME	MICHAELS, TODD
STREET ADDRESS	11770 IMPERIAL PINES WAY	1.3 STREET ADDRESS	26800 SOUTHERN PINES DR.
CITY-ST-ZIP	BONITA SPRINGS FL	1.4 CITY-ST-ZIP	BONITA SPRINGS, FL 33923
TITLE	DV	2.1 TITLE	☐ Change ☐ Addition
NAME	RICHARDSON, RALPH	2.2 NAME	
STREET ADDRESS	P.O. BOX 1779 N/A	2.3 STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS FL 33959	2.4 CITY-ST-ZIP	
TITLE	DS	3.1 TITLE	DS ☑ Change ☐ Addition
NAME	LORD, PAT	3.2 NAME	BANKS, BEVERLY
STREET ADDRESS	27128 EDENBRIDGE COURT	3.3 STREET ADDRESS	24781 CARNOUSTIE COURT
CITY-ST-ZIP	BONITA SPRINGS FL 33923	3.4 CITY-ST-ZIP	BONITA SPRINGS, FL 33923
TITLE	DT	4.1 TITLE	DT ☑ Change ☐ Addition
NAME	SIMS, REX	4.2 NAME	LORD, PAT
STREET ADDRESS	P O BOX 2387 NA	4.3 STREET ADDRESS	27128 EDENBRIDGE COURT
CITY-ST-ZIP	BONITA SPRINGS FL	4.4 CITY-ST-ZIP	BONITA SPRINGS, FL 33923
TITLE	D	5.1 TITLE	☑ Change ☐ Addition
NAME	SCARBOROUGH, MARCIA	5.2 NAME	
STREET ADDRESS	8895 E. CITADEL LANE #208E	5.3 STREET ADDRESS	20073 WOLFEL TRAIL
CITY-ST-ZIP	BONITA SPRINGS FL 33923	5.4 CITY-ST-ZIP	ESTERO, FL 33928
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	ANDREASEN, RUTH	6.2 NAME	
STREET ADDRESS	28420 VERDE LANE	6.3 STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS FL 33923	6.4 CITY-ST-ZIP	

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)(k), 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.

SIGNATURE: [signature] 3-9-96 813-992-2201
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #