FILE NOW: FILING FEE IS \$61.25

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

26

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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000002592

Corporation Name

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

22

23

Zip

BONITA SPRINGS MAIN STREET, INC.

Principal Place of Business	Mailing Address
27040 OLD 41 ROAD SUITE 1 BONITA SPRINGS FL 34135 US	P.O. BOX 2213 Bonita springs FL 34133 US

Country

FILED
Mar 11, 1999 8:00 am §
Secretary of State

03-11-1999 90248 028 ****61.25

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Not Applicable

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

06/01/1993

65-0466170

4. FEI Number

4	25	29 3	0		Trust Fund Contribution Added to Fees		
	9. Name and Address of Current I	Registered Agent			10. Name and Address of New Registered Agent		
			81	Name	•		
носнет	TNER, HENRY		82	Street	Address (P.O. Box Number is Not Acceptable)		
	D 41 ROAD		"				
SUITE 1	D 41 ROAD		83				
	PRINGS FL 34135		-	-	85 Zip Code		
DUNIIA 3	PRINGS FL 34133		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					required when reinstating) DATE		
	Signature, typed or printed name of registered agent a		egistered Age	nt signature r	required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
12.	OFFICERS AND	DELETE	1.1 TITLE		O P. ☐ Change ☐ Addition		
TITLE	A	- Deceir	1.2 NAME		1 2 0		
NAME	TRUDNAK, STEPHEN J.				ATIAT BOLENBRIDGE COURT		
STREET ADDRESS				TADORESS	BONITA SPRINGS, FL. 34135		
CITY-ST-ZIP	NAPLES FL	□ DELETE	1.4 CITY-8				
TITLE	DS	☐ DELETE	2.1 TITLE		DU.P. STEPKEN J. TRUD NAK 554 104TH AUR NORTH		
NAME	HARTFIELD, ELIZABETH ANN		2.2 NAME		STEPPEN AVE NORTH		
STREET ADDRESS			2.3 STREE	TADORESS	as the Ele		
CITY-ST-ZIP	BONITA SPRINGS FL		2. 4 CITY-	ST-ZIP	Na place .FL. Change Change Change		
TITLE	DT	☐ DELETE	3.1 TITLE		Scott WKitche Blad Suite 202 Braddition		
NAME	LORD, PAT		3.2 NAME		But Boute Bay Blad will her		
STREET ADDRESS	27128 EDENBRIDGE COURT		3.3 STREE	T ADDRESS	2 4 0 10 7h. 34134		
CITY-ST-ZIP	BONITA SPRINGS FL		3.4. CITY+	ST-ZIP	Bonto Genep 7h. 34134		
TITLE	D	∑ DELETE	4.1 TITLE		Change Maddition		
NAME	HOCHSTETLER, HENRY		4.2 NAME		CLARA GRAHAM Elliott		
STREET ADDRESS	10591 LANDAU LANG		4.3 STREE	T ADDRESS	\$ \$5401 PINOT WE		
CITY-ST-ZIP	BONITA SPRINGS FL		4.4 CITY-5	ST-ZIP	Bowisa Jpnings 74. 34135		
TITLE	D	☐ DELETE	5.1 TITLE		PONDED Educado, Change Addition 11:22 Wagon Trail Bouta Spring FL 34/35		
NAME	SIMS, J. REX		5.2 NAME		NO 2 Wason Trail		
STREET ADDRESS	*****		5.3 STREE	TADDRESS	Q to Service Fl 34/35		
CITY-ST-ZIP	BONITA SPRINGS FL		5.4 CITY-5	ST-ZIP			
TITLE	D	DELETE	6.1 TITLE	-,	☐ Change 🗵 Addition		
NAME	SCHUCKLAT-BOOLE, TINA	1	6.2 NAME		LES LOWE DIVE		
STREET ADDRESS	41- 0000FI DD		6.3 STREE	TADDRESS	1/02/11 main min 34136		
CITY-ST-ZIP	NAPLES FL 34110		6.4 CITY-5	ST-ZIP	LES LOWE Druce 10211 Main Druce BONITA Springs In 34135		

Country

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:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar, 9,1999 941-992-901

ZEUS/ (11/30)