

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Jul 30 1997 8:00am  
Secretary of State

DOCUMENT # N95000001792 (9)

1. Corporation Name

BONITA FAIRWAYS HOMEOWNERS CORP.

Principal Place of Business

Mailing Address

9751 WEST TERRY STREET  
BONITA SPRINGS FL 33923

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BONITA SPRINGS FL 33923

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/10/1995

3a. Date of Last Report

04/24/1996

4. FEI Number

65-0586095

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

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23. City & State

23

27. City & State

27

Zip

Country

Zip

Country

24. 34135

25

26. 34135

26

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROBINSON, SANDRA  
2624 BONITA FAIRWAYS CIRCLE  
BONITA SPRINGS FL 33923

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

34135

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☒ DELETE

NAME FRED LATTINVILLE  
STREET ADDRESS 28200 BONITA FAIRWAYS CIR.  
CITY-ST-ZIP BONITA SPRINGS FL

TITLE VP ☐ DELETE

NAME ANNE PILSBURY  
STREET ADDRESS 26244 BONITA FAIRWAYS CIR.  
CITY-ST-ZIP BONITA SPRINGS FL

TITLE D ☐ DELETE

NAME ROBINSON, SANDY  
STREET ADDRESS 26240 BONITA FAIRWAYS CIRCLE  
CITY-ST-ZIP BONITA SPRINGS FL 33923

TITLE T ☒ DELETE

NAME CATHY BARTLETT  
STREET ADDRESS 26208 BONITA FAIRWAYS CIR.  
CITY-ST-ZIP BONITA SPRINGS FL

TITLE D ☒ DELETE

NAME CRIST, BOOTS  
STREET ADDRESS 28890 STORYBOOK PLACE  
CITY-ST-ZIP BONITA SPRINGS FL 33923

TITLE MSC ☒ DELETE

NAME JEAN MARTIN  
STREET ADDRESS 26220 BONITA FAIRWAYS CIR  
CITY-ST-ZIP BONITA SPRINGS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☐ Addition

1.2 NAME GILBERT FORETTI  
1.3 STREET ADDRESS 26944 SAMMOSSET WAY  
1.4 CITY-ST-ZIP BONITA SPRINGS, FL 34135

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP 34135

3.1 TITLE S ☒ Change ☐ Addition

3.2 NAME SANDRA ROBINSON  
3.3 STREET ADDRESS 26240 BONITA FAIRWAYS CIRCLE  
3.4 CITY-ST-ZIP BONITA SPRINGS, FL 34135

4.1 TITLE T ☒ Change ☐ Addition

4.2 NAME JAMES KOEDYKER  
4.3 STREET ADDRESS 26260 BONITA FAIRWAYS CIRCLE  
4.4 CITY-ST-ZIP BONITA SPRINGS, FL 34135

5.1 TITLE D ☒ Change ☐ Addition

5.2 NAME FRED LATTINVILLE  
5.3 STREET ADDRESS 26200 BONITA FAIRWAYS CIRCLE  
5.4 CITY-ST-ZIP BONITA SPRINGS FL 34135

6.1 TITLE D ☒ Change ☐ Addition

6.2 NAME ROBERT O'BRIEN  
6.3 STREET ADDRESS 26252 BONITA FAIRWAYS CIRCLE  
6.4 CITY-ST-ZIP BONITA SPRINGS FL 34135

14. I do 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.

SIGNATURE REQUIRED (Signature of J. L. Martin) 7/24/97

CR2E037 (4/97)