

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N95000002821 (5)
1. Corporation Name

CONCERNED CITIZENS OF BONITA SPRINGS, INC.

Principal Place of Business

28014 PRINCESS LANE
BONITA SPRINGS FL 33923

Mailing Address

28014 PRINCESS LANE
BONITA SPRINGS FL 33923



3. Date Incorporated or Qualified

06/14/1995

3a. Date of Last Report

2. Principal Place of Business

21 10311 St. Patrick's Ln

Suite, Apt. #, etc.

2a. Mailing Address

26 10311 St. Patrick's Ln

Suite, Apt. #, etc.

22 City & State

23 Bonita Springs

Zip

FL

Country

25 LEE

27 City & State

28 Bonita Springs

Zip

FL

Country

30 EEE

4. FEI Number

65-0598015

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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 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 PD
NAME KRISTEK, MARX
STREET ADDRESS 28014 PRINCESS LANE
CITY - ST - ZIP BONITA SPRINGS FL 33923
☒ DELETE

TITLE VD
NAME KUTZ, ROBERT D
STREET ADDRESS 10312 ST. PATRICK LANE
CITY - ST - ZIP BONITA SPRINGS FL 33923
☒ DELETE

TITLE VD
NAME MEAD, SANDRA L
STREET ADDRESS 2550 COCKLESHELL DRIVE, #503
CITY - ST - ZIP BONITA SPRINGS FL 33923
☒ DELETE

TITLE STD
NAME BISHOP, RAYMOND
STREET ADDRESS 10311 ST. PATRICK LANE
CITY - ST - ZIP BONITA SPRINGS FL 33923
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME BISHOP, RAYMOND R.
1.3 STREET ADDRESS 10311 ST. PATRICK'S LN.
1.4 CITY - ST - ZIP BONITA SPRINGS, FL. 33923
☒ Change ☐ Addition

2.1 TITLE VD
2.2 NAME PETTINELLI, JOHN
2.3 STREET ADDRESS 9279 DUKE RD.
2.4 CITY - ST - ZIP BONITA SPRINGS, FL. 33923
☒ Change ☐ Addition

3.1 TITLE VD
3.2 NAME PETTINELLI, LUCILLE
3.3 STREET ADDRESS 9279 DUKE RD.
3.4 CITY - ST - ZIP BONITA SPRINGS, FL. 33923
☒ Change ☐ Addition

4.1 TITLE STD
4.2 NAME BISHOP, THERESA M.
4.3 STREET ADDRESS 10311 ST. PATRICK'S LN.
4.4 CITY - ST - ZIP Bonita Springs, FL.
☒ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP
☐ Change ☐ Addition

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 and typed or printed name of signing officer or director

6-25-96 941-947-8258
Date Daytime Phone #

CR2E037 (3/96)