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FILED

May 13 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000005695 (0)**

1. Corporation Name

**BONITA INDUSTRIAL PARK MANAGEMENT ASSOCIATION, I  
NC.**

Principal Place of Business

**27090 FLOSSMOOR DR  
BONITA SPRINGS FL 33923**

Mailing Address

**27090 FLOSSMOOR DR  
BONITA SPRINGS FL 34135-4411**



3. Date Incorporated or Qualified

**01/01/1996**

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc.

**26** P.O. Box 1777

4. FEI Number

**65-0624362**

Applied For

Not Applicable

**22** City & State

**27** City & State

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

**23** Zip

Country

**28** Zip

**34133**

Country

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

10. Name and Address of New Registered Agent

**ROWELL, CHRISTIAN F  
27090 FLOSSMOOR DR  
BONITA SPRINGS FL 33923**

**81** Name **TRASK, KENNETH**

**82** Street Address (P.O. Box Number is Not Acceptable)  
**24260 PRODUCTION CIR.**

**83**

**84** City **BONITA SPRINGS, 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]*  
(Signature, typed or printed name of registered agent and title if applicable)

**KENNETH TRASK**

(NOTE: Registered Agent signature required when reinstating)

**APRIL 14, 1997**

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☒ DELETE  
NAME **POWELL, CHRISTIAN F**  
STREET ADDRESS **27090 FLOSSMOOR DR**  
CITY-ST-ZIP **BONITA SPRINGS FL 33923**

TITLE **TD** ☐ DELETE  
NAME **TRASK, KENNETH**  
STREET ADDRESS **24260 PRODUCTION CIR**  
CITY-ST-ZIP **BONITA SPRINGS FL 33923 34135**

TITLE **SD** ☐ DELETE  
NAME **DISCHER, PATTI**  
STREET ADDRESS **10170 OAK HOLLOW CT**  
CITY-ST-ZIP **BONITA SPRINGS FL 33923 34135**

TITLE **PD** ☐ DELETE  
NAME **OTT, STEVE**  
STREET ADDRESS **24241 PRODUCTION CIR.**  
CITY-ST-ZIP **BONITA SPRINGS, FL 34135**

TITLE **D. VR** ☐ DELETE  
NAME **RICE, PHILIP**  
STREET ADDRESS **24114 PRODUCTION CIR**  
CITY-ST-ZIP **BONITA SPRINGS, FL 34135**

TITLE **D.** ☐ DELETE  
NAME **WASHOTA, STEVE**  
STREET ADDRESS **24278 PRODUCTION CIR.**  
CITY-ST-ZIP **BONITA SPRINGS, FL 34135**

1.1 TITLE **D** ☐ Change ☒ Addition  
1.2 NAME **HARRIS, JAMES**  
1.3 STREET ADDRESS **24226 PRODUCTION CIR.**  
1.4 CITY-ST-ZIP **BONITA SPRINGS, FL 34135**

2.1 TITLE **D** ☐ Change ☒ Addition  
2.2 NAME **GOUSE, JOHN**  
2.3 STREET ADDRESS **140 LITTLE CARLOS LN.**  
2.4 CITY-ST-ZIP **FT. MYERS, FL 33931**

3.1 TITLE **D** ☐ Change ☒ Addition  
3.2 NAME **KRAPE, GLENN**  
3.3 STREET ADDRESS **24367 PRODUCTION CIR.**  
3.4 CITY-ST-ZIP **BONITA SPRINGS, FL 34135**

4.1 TITLE ☐ Change ☒ Addition  
4.2 NAME **←**  
4.3 STREET ADDRESS **←**  
4.4 CITY-ST-ZIP **←**

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

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

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: **X**

**PATTI DISCHER**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-14-97**

Date

Daytime Phone # **0060453**

CFR2037 (9/96)