

FILE NOW: FILING FEE IS \$61.25

FILED

Jun 25 1998 8:00am
Secretary of State

| | | |
|---|---|--|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # N96000004992 (1)
1. Corporation Name
MARINA ISLES AT BONITA BAY ASSOCIATION, INC.



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| Principal Place of Business 3451 BONITA BAY PROPERTIES SUITE 202 BONITA SPRINGS FL 34134-4395 US | Mailing Address 3451 BONITA BAY PROPERTIES SUITE 202 BONITA SPRINGS FL 33134 |
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| | | |
|--|---|---|
| 3. Date Incorporated or Qualified 09/25/1996 | | |
| 4. FEI Number 65-0693703 | Applied For <input type="checkbox"/> | Not Applicable <input checked="" type="checkbox"/> |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees | |
| 7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |

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|---|--|
| 2. Principal Place of Business 21 26335 Augusta Creek Court | Mailing Address 28 P.O. Box 346128 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 Bonita Springs FL | City & State 28 Bonita Springs FL |
| Zip 24 34134 | Zip 29 34136-0128 |
| Country 25 | Country 30 |

9. Name and Address of Current Registered Agent
**PLOWMAN, RICHARD W
3451 BONITA BAY PROPERTIES
SUITE 202
BONITA SPRINGS FL 34134**

10. Name and Address of New Registered Agent
81 Name: Thomas B. Garlick
82 Street Address (P.O. Box Number is Not Acceptable): 8889 Pelican Bay Blvd
83 Suite 300
84 City: Naples FL 85 Zip Code: 34108

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]* DATE: **4/28/98**

| 12. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE DP | <input checked="" type="checkbox"/> DELETE |
| NAME PLOWMAN, RICHARD W | |
| STREET ADDRESS 3451 BONITA BAY PROPERTIES, SUITE 202 | |
| CITY-ST-ZIP BONITA SPRINGS FL | |
| TITLE DV | <input checked="" type="checkbox"/> DELETE |
| NAME GILKEY, DENNIS E | |
| STREET ADDRESS 3451 BONITA BAY PROPERTIES, SUITE 202 | |
| CITY-ST-ZIP BONITA SPRINGS FL | |
| TITLE ST | <input checked="" type="checkbox"/> DELETE |
| NAME SHESTAG, HARVEY R | |
| STREET ADDRESS 3451 BONITA BAY PROPERTIES, SUITE 202 | |
| CITY-ST-ZIP BONITA SPRINGS FL | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|--|
| 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | JON Rubinton (26325 Mahogany Pt) |
| 1.3 STREET ADDRESS | P.O. Box 346128 |
| 1.4 CITY-ST-ZIP | Bonita Springs FL 34136-0128 |
| 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | George Rubinton (26325 Mahogany Pt) |
| 2.3 STREET ADDRESS | P.O. Box 346128 |
| 2.4 CITY-ST-ZIP | Bonita Springs, FL 34136-0128 |
| 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | BONNIE Planning |
| 3.3 STREET ADDRESS | P.O. Box 346128 26325 Mahogany Pt |
| 3.4 CITY-ST-ZIP | Bonita Springs FL 34136-0128 |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

14. 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.

SIGNATURE: *[Signature]* **Tom Rubinton 4/27/98 1-941-947-7889**

CRE037 (10/97)