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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N96000004992

1. Corporation Name
MARINA ISLE AT BONITA BAY ASSOCIATION, INC.

Principal Place of Business 26335 AUGUSTA CREEK CT BONITA SPRINGS FL 34134-4395 US	Mailing Address P.O. BOX 366128 BONITA SPRINGS FL 33134 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 09/25/1996
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	4. FEI Number 65-0693703
23. City & State	28. City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24. Zip Country	29. Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

B. Name and Address of Current Registered Agent GARLICK, THOMAS B 8889 PELICAN BAY BLVD SUITE 300 NAPLES FL 34108		10. Name and Address of New Registered Agent 81 Name Southwest Property Management Corp 82 Street Address (P.O. Box Number is Not Acceptable) 1044 Castella Pine 83 Suite 200 84 City Naples FL 85 Zip Code 34103	
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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: *Robert Z. Williams* DATE: **5/3/99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RUBINTON, JON P.O. BOX 366128- BONITA SPRINGS FL 34136	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 20445 Brick Lane 34134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV RUBINTON, GEORGE P.O. BOX 366128 BONITA SPRINGS FL 34136	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 20445 Brick Lane 34134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PLANTING, BONNIE P.O. BOX 366128 BONITA SPRINGS FL 34136	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 20445 Brick Lane 34134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, with all other like empowered.

SIGNATURE: *Robert Z. Williams* DATE: **4/16/99** DAYTIME PHONE #: **1-941-947-7888**

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