


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 04, 1999 8:00 am**  
**Secretary of State**

05-04-1999 90148 047 \*\*\*\*61.25

0062936

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N96000005287</b>					
1. Corporation Name <b>THE VILLAGES OF BONITA HOMEOWNERS' ASSOCIATION, INC.</b>					
Principal Place of Business <b>28000 SPANISH WELLS BLVD. BONITA SPRINGS FL 34135</b>			Mailing Address <b>1044 CASTELLO DR STE 206 NAPLES FL 34103 US</b>		



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified <b>10/15/1996</b> 4. FEI Number <b>59-3421034</b> Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
---	--	--	--	--	--

9. Name and Address of Current Registered Agent <b>SOUTHWEST PROOPERTY MANAGEMENT 1044 CASTELLO DR STE 206 NAPLES FL 34103</b>				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLY, THOMAS J	1.2 NAME	
STREET ADDRESS	28000 SPANISH WELLS BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATE, STEVE	2.2 NAME	Lane, Mike
STREET ADDRESS	28000 SPANISH WELLS BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	STD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOZE, JOANNA	3.2 NAME	
STREET ADDRESS	28000 SPANISH WELLS BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	3.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELUCA, TONY	4.2 NAME	
STREET ADDRESS	28000 SPANISH WELLS BLVD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: *Joanna H. Boze* **JOANNA H. BOZE** **SECRETARY OF STATE** **4-21-99** **941-992-5529**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR Date Daytime Phone #

CR2E037 (11/98)