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FILED
Jul 15 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N96000005982 (1)

1. Corporation Name

BONITA GREYHOUND ASSOCIATION, INC.

Principal Place of Business

180 CYPRESS WAY EAST
NAPLES FL 33942-1293

Mailing Address

180 CYPRESS WAY EAST
NAPLES FL 34110-8240

3. Date Incorporated or Qualified
11/19/1996

3a. Date of Last Report

2. Principal Place of Business

21 ~~180 Cypress Way East~~ 34133

Suite, Apt. #, etc.

22 City & State

23

Zip

24

Country

25

2a. Mailing Address

26 P.O. Box 3193

Suite, Apt. #, etc.

27 City & State

28 Bonita Springs, FL

Zip

29 34133

Country

30 LEE

4. FEI Number

65-0704465

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

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

MCCLURE, OTTO
180 CYPRESS WAY EAST
NAPLES FL 33942-1293

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 ☐ DELETE

NAME President
JAMES BLANCHARD
STREET ADDRESS 4210 MARLINER LN
CITY-ST-ZIP Bonita Springs, FL 34133

TITLE ☐ DELETE

NAME VICE-PRESIDENT
WILLIAM ROSS
STREET ADDRESS 27521 Pelican Ridge Circle
CITY-ST-ZIP Bonita Springs, FL 33923-4552

TITLE ☐ DELETE

NAME SECRETARY
DAVID EDWARDS
STREET ADDRESS 9845 CITADEL LN 103W
CITY-ST-ZIP Bonita Springs, FL 33923

TITLE ☐ DELETE

NAME TREASURER
DOUGLASS OTT
STREET ADDRESS P.O. Box 920
CITY-ST-ZIP Bonita Springs, FL 33959-0920

TITLE ☐ DELETE

NAME TREASURER
DOUGLASS OTT
STREET ADDRESS 26078 Princess LN.
CITY-ST-ZIP Bonita Springs, FL 34135

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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.

CR2E037 (9/96)