

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Aug 08 1997 8:00am
Secretary of State

DOCUMENT # N96000006194 (2)

1. Corporation Name

BULLARD SUBDIVISION HOME OWNERS ASSOCIATION, INC



Principal Place of Business

Mailing Address

640 NORTH 9TH STREET
IMMOKALEE FL 33934-1671

640 NORTH 9TH STREET
IMMOKALEE FL 33934-1671

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

12/15/1996

4. FEI Number

Applied For

59-1834379

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 owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SORENSEN, EDMUND H

~~640 NORTH 9TH STREET~~
~~IMMOKALEE FL 33934-1671~~

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1285 Gulf Shore Blvd., N. #7-D

83

84 City
Naples,

FL

85 Zip Code
34102

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 Edmund H. Sorenson, President

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7-28-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME SORENSON, EDMUND H

STREET ADDRESS ~~640 NORTH 9TH STREET~~

CITY-ST-ZIP IMMOKALEE FL 33934-1671

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1285 Gulf Shore Blvd., N. #7-D

1.4 CITY-ST-ZIP

Naples, FL 34102

TITLE VPD ☐ DELETE

NAME SMITH, CHARLES C

STREET ADDRESS ~~640 NORTH 9TH STREET~~

CITY-ST-ZIP IMMOKALEE FL 33934-1671

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

124 Moorings Park Dr., Apt. H101

2.4 CITY-ST-ZIP

Naples, FL 34105

TITLE S ☐ DELETE

NAME FOSTER, SUZANNE

STREET ADDRESS ~~640 NORTH 9TH STREET~~

CITY-ST-ZIP IMMOKALEE FL 33934-1671

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

613 Hendry Street

3.4 CITY-ST-ZIP

Immokalee, FL 34142

TITLE TD ☐ DELETE

NAME SCHWEIG, PETER

STREET ADDRESS ~~640 NORTH 9TH STREET~~

CITY-ST-ZIP IMMOKALEE FL 33934-1671

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

Schwiers, Peter

4.4 CITY-ST-ZIP

9225 The Lane

Naples, FL 34109

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

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

Suzanne D. Foster, Secretary

SIGNATURE REQUIRED

7/21/97

941-657-4466

CR2E037 (4/97)