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FILED

Feb 04 1998 8:00am
Secretary of State

**NONPROFIT
CORPORATION
ANNUAL REPORT
1998**



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

DOCUMENT # N96000006194 (2)

1. Corporation Name

BULLARD SUBDIVISION HOME OWNERS ASSOCIATION, INC

Principal Place of Business

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

Mailing Address

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



3. Date Incorporated or Qualified

12/15/1996

4. FEI Number

59-1834379

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

City & State

23

Zip

24

Country

25

2a. Mailing Address

28 P.O. BOX 1671

Suite, Apt. #, etc.

27

City & State

28 IMMOKALEE, FL

Zip

29 34143-1671

Country

30 COLLIER

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**SORENSEN, EDMUND H
1285 GULF SHORE BLVD N #7-D
NAPLES FL 34102**

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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

TITLE ☐ DELETE

**PD
SORENSEN, EDMUND H
1285 GULF SHORE BLVD N #7-D
NAPLES FL**

TITLE ☐ DELETE

**VPD
SMITH, CHARLES C
124 MOORINGS PARK DR #H-101
NAPLES FL**

TITLE ☐ DELETE

**S
FOSTER, SUZANNE
613 HENDRY ST
IMMOKALEE FL**

TITLE ☐ DELETE

**TD
SCHWIERS, PETER
9225 THE LANE
NAPLES FL**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

600002423046

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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]

1-21-98 (1041) 1657-4466

CR2E037 (10/97)