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**FILED**  
**Mar 24, 1999 8:00 am**  
**Secretary of State**

03-24-1999 90070 006 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N98000003191**

1. Corporation Name

**BAMBOO MOBILE HOME OWNERS ASSOCIATION, INC.**

Principal Place of Business

27131 OLD 41 ROAD, SE  
BONITA SPRINGS FL 34135

Mailing Address

27131 OLD 41 ROAD, SE  
BONITA SPRINGS FL 34135



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		05/21/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-6855983	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
24		29		Trust Fund Contribution <input type="checkbox"/>	
Country		Country		\$5.00 May Be Added to Fees	
25		30			

9. Name and Address of Current Registered Agent

**BOLTON, PAUL E**  
27131 OLD 41 ROAD, SE  
BONITA SPRINGS FL 34135

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

**FL**

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 is required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<del>SEC. TREASURER</del> <input type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOLTON, PAUL E	1.2 NAME	DORIS SHRAKE
STREET ADDRESS	27131 OLD 41 ROAD, SE #58	1.3 STREET ADDRESS	3320 E. 5TH ST
CITY-ST-ZIP	BONITA SPRINGS FL 34135	1.4 CITY-ST-ZIP	ANDERSON IN 46012
TITLE	V <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VICE PRES. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVIS, WILLIAM	2.2 NAME	DONALD KNOTSON
STREET ADDRESS	27131 OLD 41 ROAD, SE	2.3 STREET ADDRESS	925 WATER ST
CITY-ST-ZIP	BONITA SPRINGS FL 34135	2.4 CITY-ST-ZIP	MARINETTE WI 54143
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MURRAY, DORTHEY #19	3.2 NAME	LAWRENCE SCHAFER
STREET ADDRESS	27131 OLD 41 ROAD, SE	3.3 STREET ADDRESS	27131 OLD 41 RD #63
CITY-ST-ZIP	BONITA SPRINGS FL 34135	3.4 CITY-ST-ZIP	BONITA SPRINGS, FL 34135
TITLE	T <input checked="" type="checkbox"/> DELETE	4.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BUDDE, FRANK	4.2 NAME	JAMES ABRAMS
STREET ADDRESS	27131 OLD 41 ROAD, SE	4.3 STREET ADDRESS	27131 OLD 41 RD #15
CITY-ST-ZIP	BONITA SPRINGS FL 34135	4.4 CITY-ST-ZIP	BONITA SPRINGS, FL 34135
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	OSBORN, GENEVA	5.2 NAME	
STREET ADDRESS	27131 OLD 41 ROAD, SE #83	5.3 STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	
NAME	RAUGHT, JERRY	6.2 NAME	
STREET ADDRESS	27131 OLD 41 ROAD, SE	6.3 STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/99 941-458-4995  
Date Daytime Phone #

CR2E037 (11/98)