### **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

#### **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

# DOCUMENT # N98000004315

## BONITA SPRINGS INCORPORATION COMMITTEE, INC.

Driverinal Diago of Dusiness

Mailing Address

# Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90060 031 \*\*\*\*61.25

Principal Plac	e or business	IVIC	alling Address						,				
1625 HENDRY STREET POST OFFICE BOX 2213 FORT MYERS FL 33901 BONITA SPRINGS FL 34133													
2. Principal F	lace of Business	2a.	Mailing Address		<u>-</u>			-	Date Incorporated or Quali 07/27/1998	fed		-	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.					4	FEI Number			olied For Applicable	
22		27	O'the B Dante								\$8.75 A		
City & Stat	'e		City & State					5	<ul> <li>Certifcate of Status Desire</li> </ul>	d 🗆	Fee Red		
Zip	Country	28	Zip		Coun	trv		-	. Election Campaign Financi	ina	\$5.00	<u> </u>	
<del></del>	25	29	<b>-</b> .p	30	-	,		"	Trust Fund Contribution	a 🗆	Added to	,	
24	9. Name and Address of Current	<u> </u>	tered Agent	30	<del>'</del>	_		10	). Name and Address of Ne	w Registere	d Agent		
					1	81	Name		1 1 1 1 1				
MINADELDEV MARACO T					١,		011-1		(C.O. Davidson in Mat Accordance)				
HUMPHREY, JAMES T						82	Street Address (P.O. Box Number is Not Acceptable)						
HUMPHREY & KNOTT, P.A.					1	83							
1625 HENDRY STREET FORT MYERS FL 33901					L					[]			
FUR! MI	EU2 LF 22801					84	City			F	85 Zip C	,000	
office or i	to the provisions of Sections 617.0502 registered agent, or both, in the State of um familiar with, and accept the obligation of the state of the st	Florid ons of	da. Such change w , Section 617.0503	as autho , Florida	orized i Statut	by tes.	ine comor	ration s t	ooard of directors. Thereby a	ccept the app	pointment as reg	gistered	
12.	OFFICERS AND			INOTE: NO	13.	90	t signatoro i oq	quite min	ADDITIONS/CHANGES TO	OFFICERS .	AND DIRECTO	RS IN 12	
TITLE	& PRESIDON'T	Direc	☐ DELET	E	1.1 TITL	E	13	Ð				Additio	
NAME	BRENNER, HAL				1.2 NAM	Æ		RE.	x Sins , Box 2387 Na Apringa ?				
STREET ADDRESS					1.3 STR	EET	ADDRESS	P.O	17 ax 23 26 1	71.4	2.2		
CITY-ST-ZIP	BONITA SPRINGS FL 34135				1.4 CITY	/-ST	r-ZIP	Box	wa grringi ?	11. 241	3 >		
TITLE	D		DELET	E	2.1 TITL			· · · · · · · · · · · · · · · · · · ·			Change	Additio	
NAME	FALKENBERG, GARY W		- ,		2.2 NAM	Æ							
STREET ADDRESS			-		2.3 STR	EET	ADDRESS						
CITY-ST-ZIP	BONITA SPRINGS FL 34135				2. 4 CIT	Y-S	T-ZIP				•		
TITLE	BTRESURER		☐ DELET	E	3.1 TITL						☐ Change	Additio	
NAME	HOCHSTETLER, HENRY				3.2 NAM	Æ							
STREET ADDRESS					3.3 STR	EET	ADDRESS						
CITY-ST-ZIP	BONITA SPRINGS FL 34135		•		3.4. CIT	Y- S	T-ZIP						
TITLE	SECRETARY ALEX GRANT		☐ DELET	E	4.1 TITL				,		☐ Change	Additio	
NAME	ALEX GRANT				4. 2 NA	ME							

CITY-ST-ZIP BONI TO Fearer To 3 413 5 64 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.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

☐ DELETE

DELETE

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

**SIGNATURE** 

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

11851 E. TERRY STI

RICHAN Becker

PRES

BONITA Speings, FL 84135

25761 CREEK Band DRIVE

ONITA Springy Th 34135

27931 HACIENDA VIllage DA \* 23

☐ Change

☐ Change

☐ Addition

Addition