

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 14 AM 9:17

DOCUMENT # P94000038835 (2)

1. Corporation Name

BONITA PALMS CORPORATION

Principal Place of Business

27040 OLD 41 RD.
BONITA SPRINGS FL 33923

Mailing Address

27040 OLD 41 RD.
BONITA SPRINGS FL 33923

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/19/1994

3a. Date of Last Report

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

23

City & State

28

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

☐

Added to Fees

Zip

Country

24

Zip

Country

29

30

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 Now Registered Agent

BOOLE, TINA S
27040 OLD 41 RD.
BONITA SPRINGS FL 33923

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Tina Schucklat Boole

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

Tina Boole

(NOTE: Registered Agent's column required when reappointing)

6/9/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	NECHLEBA, LOTHAR
STREET ADDRESS	27040 OLD 41 RD.
CITY ST ZIP	BONITA SPRINGS FL 33923
TITLE	D
NAME	NECHLEBA, BRIGITTE
STREET ADDRESS	27040 OLD 41 RD.
CITY ST ZIP	BONITA SPRINGS FL 33923
TITLE	D
NAME	NECHLEBA, MARKUS
STREET ADDRESS	27040 OLD 41 RD.
CITY ST ZIP	BONITA SPRINGS FL 33923
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY ST ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY ST ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY ST ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

Tina Schucklat Boole

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/9/95 94,992 5400

(Date) (Filing Fee)