

FILE: NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90034 002 ***150.00

DOCUMENT # **P97000054140**

1. Corporation Name
BONITA WALK, INC.



Principal Place of Business
**9220 BONITA BEACH
SUITE 200
BONITA SPRINGS FL 34135**

Mailing Address
**P.O. BOX 8
BONITA SPRINGS FL 34133**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/19/1997

4. FEI Number

59-3453160

Applied For

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 the current year intangible
Personal Property Tax. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

**DEANE, ELIZABETH L
300 L'AMBIANCE CIRCLE
SUITE 101
NAPLES FL 34108**

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:

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **DEANE, L. ELIZABETH**
STREET ADDRESS **995 WEDGE DRIVE**
CITY-STATE-ZIP **NAPLES FL 34103**

TITLE **ST** ☐ DELETE
NAME **BELEY, TEENIE**
STREET ADDRESS **27821 WINDSOR RD.**
CITY-STATE-ZIP **BONITA SPRINGS FL 34134**

TITLE **VP** ☐ DELETE
NAME **DEANE, JENNIFER D**
STREET ADDRESS **3300 BINNACLE DR, #E-3**
CITY-STATE-ZIP **NAPLES FL 34103**

TITLE **VP** ☐ DELETE
NAME **DEANE, RUSSELL S**
STREET ADDRESS **5109 MILL POND ROAD, #3135**
CITY-STATE-ZIP **WESLEY CHAPEL FL 33543**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **300 L'AMBIANCE CIR. #101**
1.4 CITY-STATE-ZIP **NAPLES, FL 34108**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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 607, 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: **L. ELIZABETH DEANE**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/99 **941-498-9700**
Date Daytime Phone #

CR2E034 (11/98)