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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000063177 (4)

CITZEN OF BONITA, INC.

Principal	Place	of	Business
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Mailing Address

FILED Apr 21 1998 8:00am Secretary of State



ESTERTO FL 33928	ESTERTO FL 33928		DO NOT WRITE IN THIS \$PACE		
			3. Date Incorporated or Qualified	10 G AGE	
			07/21/1997		
2. Principal Place of Business	2a. Mailing Address		4, FEI Number	Applied For	
21 18206 Pioncer Rd		oneer Rd	65-0774710	Not Applicable	
Suite, Apt. #, etc.	Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State 23 Fort Myers FL	City & State 28 Fort Mu	is FL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip Country	Zip	Country	8. This corporation owes or has paid the	-	
24 33908 25 USR 8, Name and Address of Curr	29 33908 ent Registered Agent	30 USA	Personal Property Tax due June 30. 10. Name and Address of New Registe	Yes 🗌 No	
WRIGHT, MICHAEL S		B1 Name	3ame		
20790 COUNTRY CREEK DRIVE		82 Street Addre	ess (P.O. Box Number is Not Acceptable)		
ESTERTO FL 33928			106 Pioneer Road		
		63			
		84 City Ca	of Musics	FL 85 Zip Code	
11. Pursuant to the provisions of Sections 607.0 office or registered agent, or both, in the Sta	de of Horida. Such chance was:	authorized by the corporati	oration submits this statement for the purpo-	se of changing its registered	
agent. I am familiar with, and accept the ob-	igations of, Section 607.05.05, FI	orida Statutes.	•		
SIGNATURE Signature typed or printed name of registered.	sgent and tite diapply white (NC)	II Registered Agent signature regula	ed when reinstating) DA	TE	
	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS		
TITLE PTO	DUETE	1.1 TOTLE		Change Addition	
NAME Michael & Wright BZOG Pioncer	Son d	1.2 NAME			
	,	1.3 STREET ADDRESS			
CITY-ST-ZIP FORT MYERS FL	. <u>33908</u>	1.4 CITY - ST - ZIP		- -	
MILE YSD M WICHAT	. L_I DELETE	2.1 TITLE		Change Addition	
NAME SUSAN M. Wright	Road	2.2 NAME			
STREET ADDRESS 1000		2.3 STREET ADDRESS			
CITY-ST-ZIP FOR MY GTS FL	DUETE	2 4 CHY-ST-ZIP		Change Addition	
TITLE	<u>[]</u> [./.(.(.)	3 1 TRLE		C change C Audition	
NAME		3.2 NAME			
STREET ADDRESS		3 3 STREET ADDRESS			
TITLE	DELETE	3.4. C/TY-ST-7/P 4.1 TITLE		Change Addition	
NAME		4. 2 NAME			
STREET ADDRESS		4.3 STREET ADDRESS			
CITY-ST-ZIP		4.4 CITY - ST - ZIP	•		
TITLE	DILETE	5.1 TITLE		☐ Change ☐ Addition	
NAME		5.2 NAME			
STREET ADDRESS		5.3 STREET ADDRESS			
CiTY-SI-ZIP		5.4 C(TY - S1 - Z(P			
THE	DELETE	6.1 TITLE		Change Addition	
NAME		6.2 NAME			
STREET ADDRESS		6.3 STREET ADDRESS			
CITY-ST-ZIP		8:4 CYLY - ST - ZIP			
 I hereby certify that the information supplied indicated on this annual report or supplemental 	ital annual report is frue and acc	curate and that my signatur	Section 119.07(3)(i), Florida Statutes. I further e shall have the same legal effect as if made	e under oath; that I am an	
officer or director of the corporation or the ro Block 12 or Block 13 if changed, or graph at		execute this report as requ	ired by Chapter 607, Horida Statutes; and th	iat my name appears in	