

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  
May 04, 1999 8:00 am  
Secretary of State

05-04-1999 90211 009 \*\*\*150.00

DOCUMENT # P97000063177

1. Corporation Name  
CITIZEN OF BONITA, INC.

Principal Place of Business

18206 PIONEER ROAD  
FT MYERS FL 33908  
US

Mailing Address

18206 PIONEER ROAD  
FT MYERS FL 33908  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/21/1997

4. FEI Number

65-0774710

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

9. Name and Address of Current Registered Agent

WRIGHT, MICHAEL S  
18206 PIONEER ROAD  
FT MYERS FL 33908

10. Name and Address of New Registered Agent

81 Name

WRIGHT SUSAN M.

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

18200 PIONEER RD

83

84 City

FT. MYERS

FL

85 Zip Code

33908

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

*Susan M. Wright*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input checked="" type="checkbox"/> DELETE
NAME	WRIGHT, MICHAEL S.	
STREET ADDRESS	18206 PIONEER ROAD	
CITY-ST-ZIP	FT MYERS FL 33908	
TITLE	VSD	<input checked="" type="checkbox"/> DELETE
NAME	WRIGHT, SUSAN M.	
STREET ADDRESS	18206 PIONEER ROAD	
CITY-ST-ZIP	FT MYERS FL 33908	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	WRIGHT SUSAN M.	
1.3 STREET ADDRESS	18200 PIONEER RD	
1.4 CITY-ST-ZIP	FT. MYERS FL 33908	
2.1 TITLE	VSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	WRIGHT, MICHAEL S.	
2.3 STREET ADDRESS	18200 PIONEER RD	
2.4 CITY-ST-ZIP	FT MYERS FL 33908	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 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:

*Susan M. Wright*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/99  
Date

941 432 9488  
Daytime Phone #

CR2E034 (11/98)