

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 10, 1999 8:00 am  
Secretary of State

05-10-1999 90207 016 \*\*\*150.00

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DOCUMENT # P98000052350

1. Corporation Name

BONITA SPRINGS INVESTORS, INC.



Principal Place of Business

9220 BONITA BEACH ROAD, STE 227  
BONITA SPRINGS FL 34135

Mailing Address

9220 BONITA BEACH ROAD, STE 227  
BONITA SPRINGS FL 34135

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/09/1998

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

4. FEI Number

52-2122518

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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

CT CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

JEFFREY R. LAMB

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

9915 TAMiami TRAIL N. STE #2

83

84 City

NAPLES FL

FL

85 Zip Code

34108

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

JEFFREY R. LAMB

(NOTE: Registered Agent signature required when reinstating)

4-27-99

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
F. BEAVER SMITH ☐ DELETE  
PRESIDENT  
9220 BONITA BEACH RD STE 227  
BONITA SPRINGS FL 34135

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
RON PATAK ☐ DELETE  
VICE PRESIDENT  
9220 BONITA BEACH RD STE 227  
BONITA SPRINGS FL 34135

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
MARY WALKER SMITH ☐ DELETE  
SECRETARY  
9220 BONITA BEACH RD STE 227  
BONITA SPRINGS FL 34135

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
JOHN HARRIS ☐ DELETE  
TREASURER  
9220 BONITA BEACH RD STE 227  
BONITA SPRINGS FL 34135

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

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

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

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

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

6.1 TITLE ☐ Change ☐ 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: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/99

941-949-0067

Date

Daytime Phone #

CR2E034 (11/98)