

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

APPROVED AND FILED

95 APR 26 AM 11:12

SECRETARY OF STATE TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # 748613 (7)

1. Corporation Name
VILLAS OF BONNIE BAY HOMEOWNERS ASSOCIATION, INC

Principal Place of Business **Mailing Address**

6456 BONNIE BAY CIRCLE **6456 BONNIE BAY CIRCLE**
PINELLAS PARK FL 34665-4811 **PINELLAS PARK FL 34665-4811**

2. Principal Place of Business **2a. Mailing Address**

21 **26**

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 **27**

City & State City & State

23 **28**

Zip Country Zip Country

24 **25** **29** **30**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **3a. Date of Last Report**
08/23/1979 **05/01/1994**

4. FBI Number **Applied For**
59-1961304 **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**

7. Nonprofit with IRS 601(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under C. 100.032, Florida Statutes **Yes** **No**

9. Name and Address of Current Registered Agent

MCGOEY, WILLIAM F.
6456 BONNIE BAY CIRCLE
PINELLAS PARK FL 34665-4811

81 Name

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

83

84 City **FL** **85 Zip Code**

10. Name and Address of New Registered Agent

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 reappointing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DM	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGOEY, WILLIAM F.	1.2 NAME	
STREET ADDRESS	6456 BONNIE BAY CRCL	1.3 STREET ADDRESS	
CITY-ST-ZIP	PINELLAS PARK FL 34665-4811	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARTIN, S.K.	2.2 NAME	
STREET ADDRESS	6411 BONNIE BAY CRCL	2.3 STREET ADDRESS	
CITY-ST-ZIP	PINELLAS PARK FL	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN, BRAD	3.2 NAME	
STREET ADDRESS	7080 KINROSS TERR N	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33709	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIXIE SCURR	4.2 NAME	
STREET ADDRESS	6415 BONNIE BAY CIRCLE	4.3 STREET ADDRESS	
CITY-ST-ZIP	PINELLAS PARK FL 34665	4.4 CITY-ST-ZIP	
TITLE	SD	5.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONROY, SALLY	5.2 NAME	Jeff Thompson
STREET ADDRESS	6342 BONNIE BAY CIRCLE	5.3 STREET ADDRESS	6451 Bonnie Bay circle
CITY-ST-ZIP	PINELLAS PARK FL 34665	5.4 CITY-ST-ZIP	Pinellas Park, FL. 34665-4810
TITLE	DP	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILROY, DICK	6.2 NAME	
STREET ADDRESS	6395 BONNIE BAY CIRCLE	6.3 STREET ADDRESS	
CITY-ST-ZIP	PINELLAS PARK FL	6.4 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)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Richard Wilroy **Richard Wilroy** **03-31-95**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #