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Mar 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 748613 (7)
 1. Corporation Name
VILLAS OF BONNIE BAY HOMEOWNERS ASSOCIATION, INC

Principal Place of Business 6456 BONNIE BAY CIRCLE PINELLAS PARK FL 34665-4811	Mailing Address 6456 BONNIE BAY CIRCLE PINELLAS PARK FL 33781-4811
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 08/23/1979	3a. Date of Last Report 05/01/1996
4. FEI Number 59-1961304	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**MCGOEY, WILLIAM F.
 6456 BONNIE BAY CIRCLE
 PINELLAS PARK FL 34665-4811**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (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	DM	<input type="checkbox"/> DELETE
NAME	MCGOEY, WILLIAM F.	
STREET ADDRESS	6456 BONNIE BAY CRCL.	
CITY - ST - ZIP	PINELLAS PARK FL 34665-4811	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	MARTIN, S.K.	
STREET ADDRESS	6411 BONNIE BAY CRCL.	
CITY - ST - ZIP	PINELLAS PARK FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ALLEN, BRAD	
STREET ADDRESS	7080 KINROSS TERR N	
CITY - ST - ZIP	ST PETERSBURG FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	GROHMANN, BARBARA	
STREET ADDRESS	6460 BONNIE BAY CIRCLE	
CITY - ST - ZIP	PINELLAS PARK FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	THOMPSON, JEFF	
STREET ADDRESS	6451 BONNIE BAY CIRCLE	
CITY - ST - ZIP	PINELLAS PARK FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WILROY, DICK	
STREET ADDRESS	6395 BONNIE BAY CIRCLE	
CITY - ST - ZIP	PINELLAS PARK FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
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 do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *S.K. Martin* SHAWN MARTIN 2-8-97 813-546-6058
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0052130

CR2E037 (9/96)