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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 748613

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 34665-4811



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		08/23/1979	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1961304	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
24		29		Trust Fund Contribution <input type="checkbox"/>	
25	Country	30	Country	\$5.00 May Be Added to Fees	

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

FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DS <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOBBS, BARBARA	1.2 NAME	
STREET ADDRESS	6350 BONNIE BAY CIR	1.3 STREET ADDRESS	
CITY-ST-ZIP	PINELLAS PARK FL 33781	1.4 CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input 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 <input type="checkbox"/> DELETE	3.1 TITLE	<input 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	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROHMANN, BARBARA	4.2 NAME	TD
STREET ADDRESS	6460 BONNIE BAY CIRCLE	4.3 STREET ADDRESS	Gabriele Schneider
CITY-ST-ZIP	PINELLAS PARK FL	4.4 CITY-ST-ZIP	6460 Bonnie Bay Circle Pinellas Park, FL 33781
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, JEFF	5.2 NAME	
STREET ADDRESS	6451 BONNIE BAY CIRCLE	5.3 STREET ADDRESS	
CITY-ST-ZIP	PINELLAS PARK FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COSTA, DIANE	6.2 NAME	
STREET ADDRESS	6431 BONNIE BAY CIR	6.3 STREET ADDRESS	
CITY-ST-ZIP	PINELLAS PARK FL 33781	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 617, 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: SK SIGNATURE (SKIMMED)

4-19-99

727-546-6058

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/1/98)