


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90155 032 ****61.25

DOCUMENT # 748613
 1. Entity Name
 VILLAS OF BONNIE BAY HOMEOWNERS ASSOCIATION, INC



Principal Place of Business
 6456 BONNIE BAY CIRCLE
 PINELLAS PARK, FL 33781-4811

Mailing Address
 PO BOX 1248
 PINELLAS PARK, FL 33780-1248

2. Principal Place of Business
 Suite, Apt. #, etc.


3. Mailing Address
 PO BOX 1733
 Suite, Apt. #, etc.

City & State
 PINELLAS PARK, FL

Zip
 33781

Country
 USA

40004007



03042005 Chg-NP CR2E037 (10/03)

4. FEI Number
 59-1961304

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 MCGOEY, WILLIAM F.
 6456 BONNIE BAY CIRCLE
 PINELLAS PARK, FL 33781-4811

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City
 FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re/instating)

Filing Fee is \$61.25 Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS HOBBS, BARBARA 6350 BONNIE BAY CIR PINELLAS PARK, FL 33781	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP ALDRIDGE, LORETTA J 6364 BONNIE BAY CIRCLE PINELLAS PARK, FL 337814809	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD GUYETTE, PETER L 6435 BONNIE BAY CIRCLE PINELLAS PARK, FL 337814810	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD SCHNEIDER, GABRIELE 6460 BONNIE BAY CIRCLE PINELLAS PARK, FL 33781	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BERGER, SANDRA K 6439 BONNIE BAY CIRCLE PINELLAS PARK, FL 337814810	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GROVES, BONNIE 6362 BONNIE BAY CIR PINELLAS PARK, FL 33781	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Loretta Aldridge* LORETTA J. ALDRIDGE #2/27/05 727-894-0676
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT 20654869
748613

Director:
George Weigl
6384 71st St
Pinellas Park, FL. 33781

Director
Debra Taylor
6340 Bonnie Bay Cr
Pinellas Park, FL. 33781

Director
Elmer L. Sebastian
6354 71st St
Pinellas Park. FL 33781