


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 08:00 AM
Secretary of State

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 1233 PINELLAS PARK, FL 33781
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03132006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1961304	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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**

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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 _____ (NOTE Registered Agent signature required when reinstating) _____ DATE _____

**Filing Fee is \$61.25
 Due by May 1, 2006**

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

10. OFFICERS AND DIRECTORS

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

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 05/17/06-80137-003 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Barbara A Hobbs **BARBARA A HOBBS** 4/28/06 727-541-9861

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