


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90031 043 ****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 1233
PINELLAS PARK, FL 33781

40070304



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
PO Box 1731
 Suite, Apt. #, etc.

04132008 Chg-NP CR2E037 (12/06)

City & State
Pinellas Park, FL

City & State
Pinellas Park, FL

Zip
33780-1731

Country
Pinellas

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

Filing Fee is **\$61.25**
 Due by **May 1, 2008**

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 |
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| 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 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: William F. McGoey **William F. McGoey** 14 Apr 08 (727) 644-3491

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

ATTACHMENT
40070332

#748613

2008 Not-For-Profit Corporation Annual Report

Villas of Bonnie Bay, Homeowners Association, Inc

Document #748613

Additional Directors

McGoey, William, F. Director
6456 Bonnie Bay Cir
Pinellas Park, FL 33781

Sharon Davis Director
7205 Parkside Villas Dr N
Saint Petersburg, FL 33709-1381