

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
May 10, 2009
Secretary of State**

DOCUMENT# 748613

Entity Name: VILLAS OF BONNIE BAY HOMEOWNERS ASSOCIATION, INC

Current Principal Place of Business:

6456 BONNIE BAY CIRCLE
PINELLAS PARK, FL 337814811

New Principal Place of Business:

Current Mailing Address:

PO BOX 1731
PINELLAS PARK, FL 337801731

New Mailing Address:

FEI Number: 59-1961304 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MCGOEY, WILLIAM F.
6456 BONNIE BAY CIRCLE
PINELLAS PARK, FL 337814811 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DS () Delete
Name: HOBBS, BARBARA
Address: 6350 BONNIE BAY CIR
City-St-Zip: PINELLAS PARK, FL 33781

Title: DP () Delete
Name: ALDRIDGE, LORETTA J
Address: 6364 BONNIE BAY CIRCLE
City-St-Zip: PINELLAS PARK, FL 337814809

Title: VD () Delete
Name: GUYETTE, PETER L
Address: 6435 BONNIE BAY CIRCLE
City-St-Zip: PINELLAS PARK, FL 337814810

Title: TD () Delete
Name: SCHNEIDER, GABRIELE
Address: 6460 BONNIE BAY CIRCLE
City-St-Zip: PINELLAS PARK, FL 33781

Title: D () Delete
Name: BERGER, SANDRA K
Address: 6439 BONNIE BAY CIRCLE
City-St-Zip: PINELLAS PARK, FL 337814810

Title: D () Delete
Name: GROVES, BONNIE
Address: 6362 BONNIE BAY CIR
City-St-Zip: PINELLAS PARK, FL 33781

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM F. MCGOEY

D

05/10/2009

Electronic Signature of Signing Officer or Director

Date