2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#771001

FILED Feb 10, 2005 Secretary of State

Entity Name: BAY HARBOR CLUB OF BONITA BEACH CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 26225 HICKORY BLVD. BONITA SPRINGS, FL 34134 **Current Mailing Address: New Mailing Address:** 26225 HICKORY BLVD. BONITA SPRINGS, FL 34134 FEI Number: 59-2358903 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MCCLURE, ROBERT W P.A. MCCLURE, ROBERT W P.A. 3521 BONITA BAY BLVD. 3511 BONÍTA BAY BLVD. BONITA SPRINGS, FL 34134 US BONITA SPRINGS, FL 34134 US 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: 02/10/2005 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition SCHROER, JAMES Name: Name: 26235 HICKORY BLVD, 7B Address: Address: City-St-Zip: BONITA SPRINGS, FL 34134 City-St-Zip: Title: Title: () Delete () Change () Addition REILLY, JANE Name: Name: Address: 26225 HICKORY BLVD. #2D Address: City-St-Zip: BONITA SPRINGS, FL 34134 City-St-Zip: Title: () Delete Title: () Change () Addition BARLEY, ROBERT Name: Name: 26225 HICKORY BLVD, #12C Address: Address: City-St-Zip: BONITA SPRINGS, FL 34134 City-St-Zip: () Delete Title: DT Title: DT (X) Change () Addition Name: MCLEAN, DAN Name: MCLEAN, DAN 26235 HIKCORY BLVD, 8A Address: Address: 26235 HICKORY BLVD, 8A City-St-Zip: BONITA SPRINGS, FL 34134 City-St-Zip: BONITA SPRINGS, FL 34134 Title: () Delete Title: () Change () Addition EATON, ROBERT Name: Name: 26235 HICKORY BLVD 4D Address: Address: City-St-Zip: BONITA SPRINGS, FL 34134 City-St-Zip: Title: () Delete Title: () Change () Addition BASFORD, JAMES Name: Name: Address: 26225 HICKORY BLVD, #8A Address: BONITA SPRINGS, FL 34134 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JAMES R. SCHROER PRES 02/10/2005