

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 11, 2005  
Secretary of State**

DOCUMENT# N00000000619

Entity Name: BAILLIAGE DE BONITA, INC.

**Current Principal Place of Business:**

27524 RIVERBANK DRIVE  
BONITA SPRINGS, FL 34134

**New Principal Place of Business:**

**Current Mailing Address:**

27524 RIVERBANK DRIVE  
BONITA SPRINGS, FL 34134

**New Mailing Address:**

FEI Number: 59-3624319      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LEVESQUE, GERALD  
27524 RIVERBANK DRIVE  
BONITA SPRINGS, FL 34134      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: P      ( ) Delete  
Name: LYONS, MICHAEL  
Address: 3070 GREENFLOWER CT.  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: S      ( ) Delete  
Name: DE AMICIS, LOUIS  
Address: 27203 SHELL RIDGE CIRCLE  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: T      ( ) Delete  
Name: LEVESQUE, GERALD  
Address: 27524 RIVERBANK DRIVE  
City-St-Zip: BONITA SPRINGS, FL 34134

**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:

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: GERALD S. LEVESQUE

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

TREA

02/11/2005

\_\_\_\_\_  
Date