

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

**FILED  
Mar 24, 2005  
Secretary of State**

DOCUMENT# N07041

Entity Name: BONITA BAY COMMUNITY ASSOCIATION, INC.

**Current Principal Place of Business:**

9990 COCONUT RD  
STE 200  
BONITA SPRINGS, FL 34135 US

**New Principal Place of Business:**

**Current Mailing Address:**

9990 COCONUT RD  
STE 200  
BONITA SPRINGS, FL 34135 US

**New Mailing Address:**

FEI Number: 59-2497446      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

GILKEY, DENNIS E  
BONITA BAY COMMUNITY ASSOCIATION INC  
9990 COCONUT RD SUITE 200  
BONITA SPRINGS, FL 34135 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: DP ( ) Delete  
Name: RODGERS, ED  
Address: 9990 COCONUT RD, STE 200  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: STD ( ) Delete  
Name: SCHESTAG, HARVEY R  
Address: 9990 COCONUT RD STE 200  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: DVP ( ) Delete  
Name: GILKEY, DENNIS E  
Address: 9990 COCONUT RD STE 200  
City-St-Zip: BONITA SPRINGS, FL 34135

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: GLEESON, JOHN M  
Address: 9990 COCONUT RD, STE 200  
City-St-Zip: BONITA SPRINGS, FL 34135

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: HARVEY R. SCHESTAG

ST

03/24/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date