


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2007 8:00 am
Secretary of State

03-27-2007 90010 029 ****70.00

DOCUMENT # N07041					
1. Entity Name BONITA BAY COMMUNITY ASSOCIATION, INC.					
Principal Place of Business 9990 COCONUT RD STE 200 BONITA SPRINGS, FL 34135 US			Mailing Address 9990 COCONUT RD STE 200 BONITA SPRINGS, FL 34135 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03202007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-2497446	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GILKEY, DENNIS E BONITA BAY COMMUNITY ASSOCIATION INC 9990 COCONUT RD SUITE 200 BONITA SPRINGS, FL 34135			Name <u>Pamela S. MacKie</u>		
			Street Address (P.O. Box Number is Not Acceptable) <u>9990 Coconut Road Ste 200</u>		
			City <u>Bonita Springs</u> FL Zip Code <u>34135</u>		
8. The above named entity submits this statement for the purpose of its registration as a registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. <u>Pamela S. MacKie</u>					
SIGNATURE <u>[Signature]</u>		Date of Registration <u>3-20-07</u>		Office <u>Division of Legal & Corporate Affairs</u>	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DP <input type="checkbox"/> Delete	TITLE	<u>Joeey Garon</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GLEESON, JOHN M	NAME			
STREET ADDRESS	9990 COCONUT RD, STE 200	STREET ADDRESS			
CITY-ST-ZIP	BONITA SPRINGS, FL 34135	CITY-ST-ZIP			
TITLE	STD <input type="checkbox"/> Delete	TITLE	<u>Bill Donathan</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SCHESTAG, HARVEY R	NAME			
STREET ADDRESS	9990 COCONUT RD STE 200	STREET ADDRESS			
CITY-ST-ZIP	BONITA SPRINGS, FL 34135	CITY-ST-ZIP			
TITLE	DVP <input type="checkbox"/> Delete	TITLE	<u>Robin Keete</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GARON, JOEY	NAME			
STREET ADDRESS	9990 COCONUT RD STE 200	STREET ADDRESS			
CITY-ST-ZIP	BONITA SPRINGS, FL 34135	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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: <u>[Signature]</u>		Date <u>3-23-07</u>		Daytime Phone # <u>(239) 495-1000</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					