

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07041

FILED  
Feb 19, 2009  
Secretary of State

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 ( )

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

WHITNEY, SCOTT R  
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: GARON, JOSEPH B  
Address: 9990 COCONUT RD, STE 200  
City-St-Zip: BONITA SPRINGS, FL 34135

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

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

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

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

Title: DST (X) Change ( ) Addition  
Name: SPENCER, TERRI  
Address: 9990 COCONUT RD STE 200  
City-St-Zip: BONITA SPRINGS, FL 34135

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: JOSEPH B. GARON

P

02/19/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date