


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90515 029 ****61.25

| | | | |
|--|---|--|---|
| DOCUMENT # N30833 | |  | |
| 1. Entity Name MONTARA BONITA BAY ASSOCIATION, INC. | | | |
| Principal Place of Business % THE WARNER CORP 886 NORTH 110TH AVE #7 NAPLES, FL 34108 US | | Mailing Address % THE WARNER CORP 886 NORTH 110TH AVE #7 NAPLES, FL 34108 US | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| | | 01132004 Chg-NP CR2E037 (10/03) | |
| | | 4. FEI Number 65-0165710 | |
| | | Applied For <input type="checkbox"/> Not Applicable | |
| | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| WARNER, BRYAN J. 886 NORTH 110TH AVE STE 7 NAPLES, FL 33963 | | Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 8. 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. I am familiar with, and accept the obligations of registered agent. | | | |
| SIGNATURE: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | |
| Filing Fee is \$61.25 Due by May 1, 2004 | | 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 | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LOMMEN, LOUISE | NAME | |
| STREET ADDRESS | 3338 MONTARA DR | STREET ADDRESS | |
| CITY-ST-ZIP | BONITA SPRINGS, FL 34134 | CITY-ST-ZIP | |
| TITLE | PD <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | VOGEL, JOANN | NAME | |
| STREET ADDRESS | 3352 MONTARA DR | STREET ADDRESS | |
| CITY-ST-ZIP | BONITA SPRINGS, FL 34134 | CITY-ST-ZIP | |
| TITLE | VD <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | VOGT, CHARLES | NAME | |
| STREET ADDRESS | 3330 MONTARA DR | STREET ADDRESS | |
| CITY-ST-ZIP | BONITA SPRINGS, FL 34134 | CITY-ST-ZIP | |
| TITLE | D <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HART, HENRY | NAME | |
| STREET ADDRESS | 3356 MONTARA DRIVE | STREET ADDRESS | |
| CITY-ST-ZIP | BONITA SPRINGS, FL 34134 | CITY-ST-ZIP | |
| TITLE | TD <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HUTTENBOCHER, RICHARD | NAME | |
| STREET ADDRESS | 3376 MONTARA DRIVE | STREET ADDRESS | |
| CITY-ST-ZIP | BONITA SPRINGS, FL 34134 | CITY-ST-ZIP | |
| TITLE | SD <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WARNER, BRYAN J | NAME | |
| STREET ADDRESS | 886 110TH AVE. N. #7 | STREET ADDRESS | |
| CITY-ST-ZIP | NAPLES, FL 34108 | CITY-ST-ZIP | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | Date: 4/23/04 <small>Daytime Phone #</small> | |