

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

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90458 049 \*\*\*\*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  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

04302005 Chg-NP CR2E037 (10/03)

City & State

4. FEI Number  
 65-0165710

Applied For  
 Not Applicable

Zip  
 Country

Zip  
 Country

Zip  
 Country

Zip  
 Country

5. Certificate of Status Desired  \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

WARNER, BRYAN J  
 886 NORTH 110TH AVE  
 STE 7  
 NAPLES, FL 33963

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**Filing Fee is \$61.25 Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

**10. OFFICERS AND DIRECTORS**

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LOMMEN, LOUISE	
STREET ADDRESS	3338 MONTARA DR	
CITY-ST-ZIP	BONITA SPRINGS, FL 34134	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	VOGT, CHARLES	
STREET ADDRESS	3330 MONTARA DR	
CITY-ST-ZIP	BONITA SPRINGS, FL 34134	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HUTTENBOCHER, RICHARD	
STREET ADDRESS	3376 MONTARA DRIVE	
CITY-ST-ZIP	BONITA SPRINGS, FL 34134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Change - <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jeanne Wright	
STREET ADDRESS	3327 Montara Dr	
CITY-ST-ZIP	Bonita Springs FL 34134	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Albert Stycula	
STREET ADDRESS	3269 Montara Dr	
CITY-ST-ZIP	Bonita Springs FL 34134	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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)(i), 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: Bryan J. Warner Date: 4/28/05 Daytime Phone #: 239-591-1800