

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90292 022 ****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 %Gulf Breeze Mgmt. Svcs. of	Mailing Address % THE WARNER CORP 886 NORTH 110TH AVE #7 NAPLES, FL 34108 US %Gulf Breeze Mgmt. Svcs. of
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2. Principal Place of Business SW FL, LLC 8910 Terrene Court	3. Mailing Address SW FL, LLC 8910 Terrene Court
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Suite, Apt. #, etc. Suite 200	Suite, Apt. #, etc. Suite 200
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City & State Bonita Springs, FL	City & State Bonita Springs, FL
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Zip 34135	Country USA	Zip 34135	Country USA
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03082006 Chg-NP CR2E037 (11/05)

4. FEI Number 65-0165710	Applied For Not Applicable
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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 Weidner, Ralph L. %Gulf Breeze Mgmt. Svcs. of SW FL, LLC Street Address (P.O. Box Number is Not Acceptable) 8910 Terrene Court Suite 200 City Bonita Springs FL Zip Code 34135	
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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 Ralph L. Weidner Weidner, Ralph L. DATE 3/13/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2006	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
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HUTTENBOCHER, RICHARD 3376 MONTARA DRIVE BONITA SPRINGS, FL 34134	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Vogel, JoAnn 3352 Montara Drive Bonita Springs, FL 34134	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WRIGHT, JEANNE 3327 MONTARA DRIVE BONITA SPRINGS, FL 34134	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SLYRCULA, ALBERT 3269 MONTARA DRIVE BONITA SPRINGS, FL 34134	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D Jennings, Bill 3288 Montara Drive Bonita Springs, FL 34134	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V1ST/D Oliva, Joe 3330 Montara Drive Bonita Springs, FL 34134	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V2ND/D Cavaliere, Charlie 3237 Montara Drive Bonita Springs, FL 34134	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: JoAnn Vogel JoAnn Vogel DATE 3/13/06 (239) 3219
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone # vb