


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90755 014 ****61.25

DOCUMENT # N37778

1. Entity Name
 BONITA BEACH IMPROVEMENT ASSOCIATION, INC.



Principal Place of Business
 27566 HICKORY BLVD
 BONITA SPRINGS, FL 34134

Mailing Address
~~9140 BONITA BEACH ROAD, #123
 BONITA SPRINGS, FL 34135~~

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 P.O. Box 3175
 Suite, Apt. #, etc.

City & State
 City & State
 BONITA SPRING

Zip
 Country
 Zip
 Country
 34133 LEE



04092004 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent
 GILLESPIE, MICKI
 26750 MCLAUGHLIN BLVD.
 BONITA SPRINGS, FL 34134

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 _____
 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, 2004

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GILLESPIE, MICKI 26750 MCLAUGHLIN BLVD. BONITA SPRINGS, FL 34134 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHRIS BIELSKI 27566 HICKORY BLVD BONITA SPRING FL 34134 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BIELSKI, CHRIS 27556 HICKORY BLVD. BONITA SPRINGS, FL 34134 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MIKE SHARP 27773 FORESTER DR. BONITA SPRING, FL 34134 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VERICK, ART 25840 HICKORY BLVD. BONITA SPRINGS, FL 34134 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D SARA HILLGROVE 25815 HICKORY BLVD BONITA SPRING, FL 34134 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FREEH, RICHARD 25900 HICKORY BLVD., #306 BONITA SPRINGS, FL 34134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELLIS, PAT 25840 HICKORY BLVD. BONITA SPRINGS, FL 34134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROUCH, SARAH 25720 HICKORY BLVD BONITA SPRINGS, FL 34134 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D JOHN KLOSTERMAN 25825 HICKORY BLVD BONITA SPRING FL 34134 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: John Klosterman, Treasurer/Director 239 495 7636

 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 4/29/04 Daytime Phone #

JOHN KLOSTERMAN