


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 28, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N40099</b> 1. Entity Name <b>THE SANCTUARY AT BONITA BAY HOMEOWNERS' ASSOCIATION, INC.</b>			
Principal Place of Business %WBG SW FLORIDA, INC. 3461 BONITA BAY BLVD., STE. 101 BONITA SPRINGS FL 33134 US		Mailing Address %WBG SW FLORIDA, INC. 3461 BONITA BAY BLVD., STE. 101 BONITA SPRINGS FL 33134 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		4. FEI Number	Applied For / Not Applicable
		<b>31-1337244</b>	
		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	
<b>BACHMAN, BOB</b> <b>C/O WBG</b> <b>27800 OLD 41 RD</b> <b>BONITA SPRINGS FL 34135</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b>	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			
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
		<b>Make Check Payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D	TITLE	
NAME	<input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	RUSSELL, LAWRENCE	STREET ADDRESS	
CITY-ST-ZIP	4200 SANCTUARY WAY BONITA SPRINGS FL 34134	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	<input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	WENNERBERG, VIRGINIA	STREET ADDRESS	U00000278189
CITY-ST-ZIP	4205 SANCTUARY WAY BONITA SPRINGS FL 34134	CITY-ST-ZIP	03/28/05-80015-014 61.25
TITLE	P	TITLE	
NAME	<input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	HANSON, MICHAEL	STREET ADDRESS	
CITY-ST-ZIP	4276 SANCTUARY WAY BONITA SPRINGS FL 34134	CITY-ST-ZIP	
TITLE	T	TITLE	
NAME	<input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	HEYWORTH, ANTHONY	STREET ADDRESS	
CITY-ST-ZIP	4284 SANCTUARY WAY BONITA SPRINGS FL 34134	CITY-ST-ZIP	
TITLE	VP	TITLE	
NAME	<input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	JONES, PAUL	STREET ADDRESS	
CITY-ST-ZIP	4201 SANCTUARY WAY BONITA SPRINGS FL 34134	CITY-ST-ZIP	
TITLE		TITLE	
NAME	<input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: <i>Michael Hanson</i>		Date: <b>3/11/05</b> Daytime Phone #: <b>239-250-8731</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	