


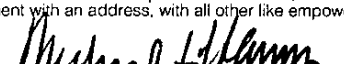


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 06, 2006 8:00 am**  
**Secretary of State**

04-06-2006 90030 016 \*\*\*\*61.25

<b>DOCUMENT # N40099</b>					
<b>1. Entity Name</b> THE SANCTUARY AT BONITA BAY HOMEOWNERS' ASSOCIATION, INC.					
<b>Principal Place of Business</b> %WBG SW FLORIDA, INC. 3461 BONITA BAY BLVD., STE. 101 BONITA SPRINGS, FL 33134 US		<b>Mailing Address</b> %WBG SW FLORIDA, INC. 3461 BONITA BAY BLVD., STE. 101 BONITA SPRINGS, FL 33134 US			
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01102006 Chg-NP CR2E037 (11/05)	
				<b>4. FEI Number</b> 31-1337244	
				Applied For <input type="checkbox"/> Not Applicable	
				<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
BACHMAN, BOB C/O WBG 27800 OLD 41 RD BONITA SPRINGS, FL 34135			Name <b>JOHN O'GORMAN</b> Street Address (P.O. Box Number is Not Acceptable) <b>PO STERLING PROPERTY SERVICES</b> <b>27800 Old 41 Road</b> City <b>BONITA SPRINGS</b> FL Zip Code <b>34135</b>		
<b>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.</b>					
SIGNATURE 			DATE <b>2/28/06</b>		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			DATE		
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		Make check payable to <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSSELL, LAWRENCE		NAME		
STREET ADDRESS	4200 SANCTUARY WAY		STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS, FL 34134		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WENNERBERG, VIRGINIA		NAME	JOHN PACI	
STREET ADDRESS	4205 SANCTUARY WAY		STREET ADDRESS	4225 SANCTUARY WAY	
CITY-ST-ZIP	BONITA SPRINGS, FL 34134		CITY-ST-ZIP	BONITA SPRINGS, FL 34134	
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANSON, MICHAEL		NAME		
STREET ADDRESS	4276 SANTUARY WAY		STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS, FL 34134		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEYWORTH, ANTHONY		NAME		
STREET ADDRESS	4284 SANCTUARY WAY		STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS, FL 34134		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, PAUL		NAME		
STREET ADDRESS	4201 SANCTUARY WAY		STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS, FL 34134		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
<b>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.</b>					
SIGNATURE: 			DATE <b>3/14/06</b>		DAYTIME PHONE # <b>239-047-8283</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE		DAYTIME PHONE #