


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 06, 2007 8:00 am**  
**Secretary of State**

04-06-2007 90026 042 \*\*\*\*61.25

**DOCUMENT # N40099**

1. Entity Name  
**THE SANCTUARY AT BONITA BAY HOMEOWNERS' ASSOCIATION, INC.**



40051507



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 - No P.O. Box #  
 % STERLING PROPERTY  
 Suite, Apt. #, etc.  
 27800 OLD 41 ROAD

3. Mailing Address  
 % STERLING PROPERTY  
 Suite, Apt. #, etc.  
 27800 OLD 41 ROAD

City & State  
 BONITA SPRINGS, FL

Zip  
 34135

03122007 Chg-NP CR2E037 (12/06)

4. FEI Number  
 31-1337244

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

O'GORMAN, JOHN  
 C/O STERLING PROPERTY SRVS  
 27800 OLD 41 RD  
 BONITA SPRINGS, FL 34135

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, 2007

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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>RUSSELL, LAWRENCE<br>4200 SANCTUARY WAY<br>BONITA SPRINGS, FL 34134 <input type="checkbox"/> Delete       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | DVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DS<br>PAEL, JOHN<br>4225 SANCTUARY WAY<br>BONITA SPRINGS, FL 34134 <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | DS<br>JOHN PACI<br>4225 SANCTUARY WAY<br>BONITA SPRINGS, FL 34134 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>HANSON, MICHAEL<br>4276 SANCTUARY WAY<br>BONITA SPRINGS, FL 34134 <input type="checkbox"/> Delete         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>HEYWORTH, ANTHONY<br>4284 SANCTUARY WAY<br>BONITA SPRINGS, FL 34134 <input type="checkbox"/> Delete       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>JONES, PAUL<br>4201 SANCTUARY WAY<br>BONITA SPRINGS, FL 34134 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | D<br>ANDREW FRECH<br>4363 SANCTUARY WAY<br>BONITA SPRINGS, FL 34134 <input type="checkbox"/> Change <input type="checkbox"/> Addition          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>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: Michael L. Hanson PRC. Date: 3/14/07 Daytime Phone #: 239-947-8283