


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2004 8:00 am
Secretary of State

02-20-2004 90004 049 ****61.25

DOCUMENT # N44576			
1. Entity Name LAKESIDE AT BONITA BAY ASSOCIATION, INC.			
Principal Place of Business 4081 BAYHEAD DRIVE BONITA SPRINGS, FL 34134 US		Mailing Address 4081 BAYHEAD DRIVE APT 104 BONITA SPRINGS, FL 34134 US	
2. Principal Place of Business 4001 WHISKEY POINTE LANE		3. Mailing Address 4001 WHISKEY POINTE LANE	
Suite, Apt. #, etc. 101		Suite, Apt. #, etc. 101	
City & State BONITA SPRINGS, FL		City & State BONITA SPRINGS FL	
Zip 34134	Country USA	Zip 34134	Country USA
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GRAY, GERALD 4001 WHISKEY POINTE LAKE # 101 BONITA SPRINGS, FL 34134		Name GRAY, GERALD Street Address (P.O. Box Number is Not Acceptable) 4001 WHISKEY POINTE LANE # 101 City BONITA SPRINGS FL Zip Code 34134	
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 re-registering) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2004		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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HALL, CLIFFORD <input type="checkbox"/> Delete 4081 BAYHEAD DRIVE # 204 BONITA SPRINGS, FL 34134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GRAY, GERALD <input type="checkbox"/> Delete 4001 WHISKEY POINTE LANE 101 BONITA SPRINGS, FL 34134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROLL, ROBERT <input type="checkbox"/> Delete 4001 WHISKEY POINTE LN #202 BONITA SPRINGS, FL 34134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD THAELE, HARRO <input checked="" type="checkbox"/> Delete 4081 BAYHEAD DRIVE #104 BONITA SPRINGS, FL 34134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition TD KROPP, DOROTHY 4081 BAYHEAD DRIVE #102 BONITA SPRINGS FL 34134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ONACHILLA, MIKE <input type="checkbox"/> Delete 4081 BAYHEAD DR., #202 BONITA SPRINGS, FL 34134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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 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: J. GERALD GRAY <i>J. Gerald Gray, Secretary</i>		Date 2-15-04 Daytime Phone # 239 947 9810	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	