


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

**FILED**  
**Mar 07, 2006 8:00 am**  
**Secretary of State**

03-07-2006 90011 022 \*\*\*\*61.25

**DOCUMENT # N97000001118**

1. Entity Name  
**BAY POINT AT BONITA BAY CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**MANAGEMENT SERVICES OF GULF BREEZE, LLC**  
**27725 OLD 41 STE 104**  
**BONITA SPRINGS, FL 34135**

Mailing Address  
**MANAGEMENT SERVICES OF GULF BREEZE, LLC**  
**27725 OLD 41 STE 104**  
**BONITA SPRINGS, FL 34135**

2. Principal Place of Business  
**8910 Terrene Court**

3. Mailing Address  
**8910 Terrene Court**

Suite, Apt. #, etc.  
**Suite 200**

Suite, Apt. #, etc.  
**Suite 200**

City & State  
**FL**


City & State  
**FL**

Zip  
**34135**

Country  
**USA**

Zip  
**34135**

Country  
**USA**



01062006 Chg-NP CR2E037 (11/05)

4. FEI Number  
**59-3434408**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**WEIDNER, RALPH L**  
**GULF BREEZE MANAGEMENT SERVICES, LLC**  
**27725 OLD 41 STE 104**  
**BONITA SPRINGS, FL 34135**

**7. Name and Address of New Registered Agent**

Name  
**8910 Terrene Court**

Street Address (P.O. Box Number is Not Acceptable)  
**8910 Terrene Court**

Suite 200

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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25 Due by May 1, 2006**

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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PATTERSON, JAMES 26931 MONTEGO POINTE CT # 201 BONITA SPRINGS, FL 34134	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KENNEDY, KRISTEN N 26943 MONTEGO POINTE COURT #202 BONITA SPRINGS, FL 34134	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GLENN, GARDNER S 26926 MONTEGO POINTE CT. # 101 BONITA SPRINGS, FL 34134	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HENDERSON, JOHN W 4712 MONTEGO POINTE WAY #202 BONITA SPRINGS, FL 34134	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D ALDERINK, ROGER 4706 MONTEGO POINTE WAY # 102 BONITA SPRINGS, FL 34134	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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:** *James H. Patterson* **2-23-06** (239) 949-1734

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **James H. Patterson** Date Daytime Phone # **vb**