


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N02000009516</b> 1. Entity Name <b>AZURE AT BONITA BAY CONDOMINIUM ASSOCIATION, INC.</b>	
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Principal Place of Business <b>4200 GULF SHORE BOULEVARD NORTH NAPLES, FL 34103</b>	Mailing Address <b>4200 GULF SHORE BOULEVARD NORTH NAPLES, FL 34103</b>
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**DO NOT WRITE IN THIS SPACE**



02262004 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>04-3730101</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
  
**CATALANO, ANTHONY J  
4001 TAMiami TRAIL NORTH  
SUITE 250  
NAPLES, FL 34103**

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IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and type if applicable

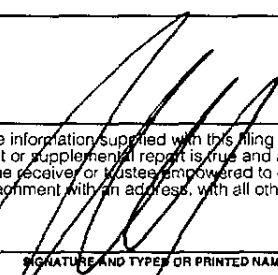
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LUTGERT, SCOTT F 4200 GULF SHORE BLVD N NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD BAKER, RICHARD J 4200 GULF SHORE BLVD N NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTD GUTMAN, HOWARD B 4200 GULF SHORE BLVD N NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000141200  
4/29/04-89001-002 61.25

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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.

<b>SIGNATURE:</b> 	<b>Howard B. Gutman</b>	<b>4/27/04</b>	<b>(239) 261-6100</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>