2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## May 16, 2007 8:00 am Secretary of State **DOCUMENT # 724793** 1. Enlity Name 05-16-2007 90026 025 \*\*\*\*61.25 LAGO BONITO TOWNHOUSE ASSOCIATION, INC. Principal Place of Business Mailing Address 434 SOUTH NAVY BLVD. 434 SOUTH NAVY BLVD. P. O. BOX 4217 O. BOX 4217 PENSACOLA FL 32507 PENSACOLA FL 32507 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, ctc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/06) City & State Applied For City & State 4. FEI Number 59-1675280 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROBERTS, DANIEL L. Street Address (P.O. Box Number is Not Acceptable) 434 SOUTH NAVY BLVD. PENSACOLA FL 32507 City 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 . Signature, typed or printed harne of registered agent and little if applicable. (NOTE: Registered Agent signature required when re-installing) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Trust Fund Contribution. Due By May 1, 2007 Added to Fees Florida Department of State 10 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 IIIIE D HHI ☐ Change ☐ Defete ☐ Addition COBB. LEE NAME STREET ADDRESS STREET ADORESS 1440 N MERDIAN RD #1 CHY-SI-ZIP TALLAHASSEE FL 32302 CHY ST-ZIP THEF Delete HILE ☐ Change ☐ Addition MAGYOROSI, DEBORAH NAME STREET ADDRESS STREET ADORESS 1710 VIA DELUNA DR CITY-ST-ZIP PENSACOLA BCH. FL 32561 CHY-ST-ZIP Addition шн ☐ Delete ш Change NAME JAMES TAMES T. MEAGER 7379 CORRAL RD STREET ADDRESS SINGT ADOM: 58 CHY-S1-ZIF CHY-SI-7IP HHE ☐ Delete UHE Change Addition NAMI NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-7P ☐ Delete TITLE Change Addition NAMI NAMI STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CHY-ST-ZIP HILE ☐ Delete OHE Change ☐ Addition NAMI NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-S1-ZIP

I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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 logal effect as if made under oath; that I am an officior 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

OFFICER OR DIRECTOR

if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

**FILED**