## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 727261** 

FILED Apr 08, 2009 Secretary of State

Entity Name: CASA BONITA I CONDOMINIUM ASSOCIATION, INC.

		THIT TO THE OWN TOWN TOOL	7017 (TIOTA, 11 <b>4</b> 0.		
Current Principal Place of Business:			New Principal Place of Business:		
SUITE 4	LANDING DR PRINGS, FL 3				
Current Mailing Address:			New Mailing Address:		
SUITE 4	LANDING DR				
FEI Number: 59-6525355 FEI Number Applied For ( )			FEI Number Not Applicable ( ) Certificate of Status Desired ( )		
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:		
27180 BAY STE 4 BONITA SI The above	G PROPERTY S LANDING DR PRINGS, FL 3 named entity selections	4135 US	ourpose of changing i	its registered office or registered agent, or both,	
SIGNATUF	RE:				
	Electron	ic Signature of Registered Age	ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	D (X) GARCIA-LARRII 26000 HICKOR' BONITA SPRING	Y BLVD #603	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VP () RAIN, MARY EL 26000 HICKOR' BONITA SPRING	Y BLVD #703	Title: Name: Address: City-St-Zip:	DV (X) Change ( ) Addition RAIN, MARY ELLEN 26000 HICKORY BLVD #703 BONITA SPRINGS, FL 34134	
Title: Name: Address: City-St-Zip:	T () BJORKLUND, T 832 GREAT OA EAGEN, MN 55	KS TRAIL	Title: Name: Address: City-St-Zip:	DT (X) Change () Addition BJORKLUND, TODD 26000 HICKORY BLVE #302 BONITA SPRINGS, FL 34134	
Title: Name: Address: City-St-Zip:	PD () FEINGOLD, ALL 1400 SHIRE CII INVERNESS, IL	RCLE	Title: Name: Address: City-St-Zip:	DP (X) Change () Addition FEINGOLD, ALLAN 26000 HICKORY BLVD #702 BONITA SPRINGS, FL 34134	
Title: Name: Address: City-St-Zip:	S () MCEVOY, DON 26000 HICKOR' BONITA SPRING	Y BLVD #803	Title: Name: Address: City-St-Zip:	DS (X) Change ( ) Addition KENNEFICK, KEVIN 26000 HICKORY BLVD #101 BONITA SPRINGS, FL 34134	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALLEN FEINGOLD DP 04/08/2009