2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 727585

FILED Jan 07, 2005 Secretary of State

Entity Name: BONITA SPRINGS - ESTERO ASSOCIATION OF REALTORS, INC.

Current Principal Place of Business: New Principal Place of Business: 27313 OLD 41 ROAD SE BONITA SPRINGS, FL 33923 US **Current Mailing Address: New Mailing Address:** 27313 SE OLD 41 ROAD BONITA SPRINGS, FL 33923 US FEI Number: 59-1708371 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: SCHUMANN, RAY 27200 RIVERVIEW CENTER BLVD SUITE 703 BONITA SPRINGS, FL 34135 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition CHRISTENSEN, BETTY J SCHMIDT, ROBERT Name: Name: 27313 OLD 41 RD SE Address: 27313 OLD 41 RD SE Address: City-St-Zip: BONITA SPRINGS, FL 34135 City-St-Zip: BONITA SPRINGS, FL 34135 Title: SD Title: () Delete () Change () Addition HOOK, PENNY Name: Name: Address: 27313 OLD 41 RD SE Address: City-St-Zip: BONITA SPRINGS, FL 34135 City-St-Zip: Title: () Delete Title: () Change () Addition PAINE, CAMERON Name: Name: 27313 OLD 41 RD SE Address: Address: City-St-Zip: BONITA SPRINGS, FL 34135 City-St-Zip: Title: VD () Delete Title: VD (X) Change () Addition SCHMIDT, ROBERT Name: Name: BRODERSEN, WES Address: 27313 OLD 41 RD SE Address: 27313 OLD 41 RD SE City-St-Zip: BONITA SPRINGS, FL 34135 City-St-Zip: BONITA SPRINGS, FL 34135 Title: () Delete Title: () Change () Addition ZANT, RUDY Name: Name: 27313 OLD 41 RD SE Address: Address: BONITA SPRGS, FL 34135 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CAMERON PAINE MR. 01/07/2005