


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 11, 2008 8:00 am**  
**Secretary of State**

01-11-2008 90064 029 \*\*\*\*61.25

<b>DOCUMENT # 738061</b> 1. Entity Name <b>CASA BONITA GRANDE CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>25900 HICKORY BLVD. #103 BONITA SPRINGS, FL 34134 US</b>			Mailing Address <b>25900 HICKORY BLVD. #103 BONITA SPRINGS, FL 34134-3969 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		01072008 Chg-NP CR2E037 (12/06)	
City & State		City & State		4. FEI Number <b>59-1724649</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ANNE, WAGNER 25900 HICKORY BLVD. # 601 BONITA SPRINGS, FL 34134</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>STAUTBERG, BOB</b> <b>25900 HICKORY BLVD #706</b> <b>BONITA SPRINGS, FL 34134</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CT</b> <b>DOMINICK CASCIONE</b> <b>25900 HICKORY BLVD. #707</b> <b>BONITA SPRINGS, FL 34134</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>ANNE, WAGNER</b> <b>25900 HICKORY AVE BLVD. # 601</b> <b>BONITA SPRINGS, FL 34134</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CS</b> <b>BILL WEBER</b> <b>25900 HICKORY BLVD #206</b> <b>BONITA SPRINGS, FL # 34134</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>JOHNSON, IRENE</b> <b>25900 HICKORY BLVD #107</b> <b>BONITA SPRINGS, FL 34134</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>TOM PARSONS</b> <b>25900 HICKORY BLVD. #105</b> <b>BONITA SPRINGS, FL 34134</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CT</b> <b>ZBORIL, JEAN</b> <b>25900 HICKORY BLVD #106</b> <b>BONITA SPRINGS, FL 34134</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>RS</b> <b>WITTENBURG, JUDY</b> <b>25900 HICKORY BLVD SUITE 602</b> <b>BONITA SPRINGS, FL 34134</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>MAJOR, BILL</b> <b>25900 HICKORY BLVD #301</b> <b>BONITA SPRINGS, FL 34134</b>	<input type="checkbox"/> Delete	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.					
<b>SIGNATURE:</b> <u>Anne C Wagner</u>			1-9-08 239-9926647		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		