

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 738061

**FILED**  
**Feb 06, 2012**  
**Secretary of State**

**Entity Name:** CASA BONITA GRANDE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

25900 HICKORY BLVD. #103  
BONITA SPRINGS, FL 34134 US

**New Principal Place of Business:**

**Current Mailing Address:**

25900 HICKORY BLVD. #103  
BONITA SPRINGS, FL 34134 US

**New Mailing Address:**

**FEI Number:** 59-1724649

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ROBERT, WAGNER  
25900 HICKORY BLVD. # 601  
BONITA SPRINGS, FL 34134 US

**Name and Address of New Registered Agent:**

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:**

**Title:** MR  
**Name:** CASIONE, DOMINICK DIR  
**Address:** 25900 HICKORY BLVD 707  
**City-St-Zip:** BONITA SPRINGS, FL 34134

**Title:** MR  
**Name:** ROBERT, WAGNER PRES.  
**Address:** 25900 HICKORY AVE BLVD. # 601  
**City-St-Zip:** BONITA SPRINGS, FL 34134

**Title:** MR  
**Name:** VOLCHOFF, DENNIS SEC  
**Address:** 25900 HICKORY BLVD STE #803  
**City-St-Zip:** BONITA SPRINGS, FL 34134

**Title:** MS  
**Name:** WITTENBURG, JUDY COR SEC  
**Address:** 25900 HICKORY BLVD #602  
**City-St-Zip:** BONITA SPRINGS, FL 34134

**Title:** MS  
**Name:** MASON, SANDI DIR  
**Address:** 25900 HICKORY BLVD SUITE #404  
**City-St-Zip:** BONITA SPRINGS, FL 34134

**Title:** MR  
**Name:** LEEK, STEVEN E TREAS  
**Address:** 25900 HICKORY BLVD #101  
**City-St-Zip:** BONITA SPRINGS, FL 34134

I hereby 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 all other like empowered.

**SIGNATURE:** STEVEN E LEEK, TREASURER

MR

02/06/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date