

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 741673

FILED
Apr 13, 2007
Secretary of State

Entity Name: CASA BONITA ROYALE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

25901 HICKORY BLVD
BONITA SPRGS, FL 34134 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 11209
NAPLES, FL 34101 US

New Mailing Address:

COLLIER FINANCIAL, INC.
4985 TAMiami TRAIL E.
NAPLES, FL 34113 US

FEI Number: 59-1813155

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GERARDI, GENELLA
25901 HICKORY BLVD #301
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: SD () Delete
Name: BACHMAN, BARBARA
Address: 12240 163RD STREET WEST
City-St-Zip: LAKEVILLE, MN 55044

Title: D () Delete
Name: BELLENGER, PETE
Address: 1505 PERSIMMON PLACE
City-St-Zip: NOBLESVILLE, IN 46060

Title: PD () Delete
Name: GERARDI, GENELLA
Address: 25901 HICKORY BLVD SW #403
City-St-Zip: BONITA SPRINGS, FL 34134

Title: TD () Delete
Name: EDEY, HAROLD
Address: 50 MELISSA TER
City-St-Zip: BELLEVILLE ONT, CA K8W1X9

Title: VD () Delete
Name: HEAVNER, WILLIAM
Address: 96 VALLEY ST
City-St-Zip: NEW KENSINGTON, PA 15068

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: CHRISTOFERSON, LEE
Address: 1121 26TH AVE SO
City-St-Zip: FARGO, ND 58013

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: BROUILLARD, WILLIAM
Address: 4 CANAL PARK, #709
City-St-Zip: CAMBRIDGE, MA 02141

Title: D (X) Change () Addition
Name: KERZAN, GORDAN
Address: 1705 CEDAR ST
City-St-Zip: LOUISVILLE, OH 44641

I hereby certify that the information supplied with this filing does not qualify for the 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: GENELLA GERARDI

PD

04/13/2007

Electronic Signature of Signing Officer or Director

Date