

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 741673

FILED  
Apr 15, 2009  
Secretary of State

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

**Current Principal Place of Business:**

25901 HICKORY BLVD SW  
BONITA SPRINGS, FL 34134 US

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**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. SW #403  
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: GILBERTSON, RALPH  
Address: 25901 HICKORY BLVD. SW #602  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: VD ( ) Delete  
Name: CHRISTOFERSON, LEE  
Address: 25901 HICKORY BLVD. SW #301  
City-St-Zip: BONITA SPRINGS, FL 34134

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

Title: TD ( ) Delete  
Name: BROUILLARD, WILLIAM  
Address: 25901 HICKORY BLVD SW #202  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: SD ( ) Delete  
Name: THOMPSON, PRUDENCE  
Address: 25901 HICKORY BLVD. SW #302  
City-St-Zip: BONITA SPRINGS, FL 34134

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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

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: GENELLA GERARDI

PD

04/15/2009

Electronic Signature of Signing Officer or Director

Date