



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 20, 2007 8:00 am
Secretary of State

08-20-2007 90057 025 ****61.25

DOCUMENT # 743052 1. Entity Name BONITA PINES CLUB, INC.					
Principal Place of Business 25802,04,06,08 AND 25810 COCKLESHELL DR. BONITA SPRINGS, FL 34133 US				Mailing Address %REALTY SERVICES PROPERTY MANAGEMENT ATTN: CRAIG VALENTINE, 2525 PARKWAY ST. FT. MYERS, FL 33901	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address <i>c/o Beavers Litman & Flynn</i> <i>3920 Via Del Rey #3</i> <i>Bonita Springs, FL</i> <i>34134</i> <i>USA</i>		 08012007 Chg-NP CR2E037 (12/06)	
4. FEI Number 59-1908421				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NELSON, HERBERT 25806 COCKLESHELL DRIVE #218 BONITA SPRINGS, FL 34135			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____					
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LUNDGREN, LAURIE 10171 OAK HOLLOW CT BONITA SPRINGS, FL 34135	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Seouler, William 25806 Cockleshell Dr #212 Bonita Springs, FL 34135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WAGEMAN, JAMES 25810 COCKLESHELL #212 BONITA SPRINGS, FL 34135	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Folk Dan 25806 Cockleshell Dr #212 Bonita Springs, FL 34135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NELSON, HERBERT 25806 COCKLESHELL #218 BONITA SPRINGS, FL 34135	<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	VP SCOULER, WILLIAM 25806 COCKLESHELL #212 BONITA SPRINGS, FL 34135	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GILBERT RICHARD 25808 COCKLESHELL DR #2116 BONITA SPRINGS, FL 34135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HALTERMAN, ALLEN 7905 E FOXBORO DR COAL CITY, IL 60416	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	O VIC DE JONGE 25808 COCKLESHELL DR #2118 BONITA SPRINGS, FL 34135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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.					
SIGNATURE: <i>A. Herbert Nelson</i> <i>Aug. 7, 2007</i> <i>847-729-7269</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					