


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 14, 2008 8:00 am**  
**Secretary of State**

03-14-2008 90032 004 \*\*\*\*61.25

|  |   |  |  |   |                             |
|--|---|--|--|---|-----------------------------|
| <b>DOCUMENT # 749232</b><br>1. Entity Name<br><b>PUNTA GORDA ISLES, SECTION 22 HOMEOWNERS ASSOCIATION, INC.</b>  |   |  |  |  |                             |
| Principal Place of Business<br><b>C/O BENSON'S, INC.<br/>         12650 WHITEHALL DRIVE<br/>         FORT MYERS, FL 33907</b>  |   |  | Mailing Address<br><b>C/O BENSON'S, INC.<br/>         12650 WHITEHALL DRIVE<br/>         FORT MYERS, FL 33907</b>                          |   |                             |
| 2. Principal Place of Business - No P.O. Box #<br>Suite, Apt. #, etc.  |   |  | 3. Mailing Address<br>Suite, Apt. #, etc.  |   |                             |
| City & State   |   |  | City & State   |   |                             |
| Zip  |   | Country  |  | Zip   |                             |
| Country  |   | Country  |  | 4. FEI Number<br><b>59-2131293</b>  |                             |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   |  |  | Applied For<br><input type="checkbox"/> Not Applicable                            |                             |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   |  |  | <b>\$8.75</b> Additional Fee Required   |                             |
| 6. Name and Address of Current Registered Agent<br><br><b>VANDALL, BONITA D<br/>         12650 WHITEHALL DRIVE<br/>         FORT MYERS, FL 33907</b>   |   |  | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City                      |   |                             |
| 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) |   |                             |
| Filing Fee is <b>\$61.25</b><br>Due by <b>May 1, 2008</b>  |   |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/>  |   | \$5.00 May Be Added to Fees |
| 10. OFFICERS AND DIRECTORS   |   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10...   |   |                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | STD<br>WOOD, JANET<br>1200 ROMANO KEY CIRCLE<br>PUNTA GORDA, FL 33955     | <input type="checkbox"/> Delete  |  |   |                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>LOUGHMAN, RICHARD<br>4920 LINKSIDE DR<br>PUNTA GORDA, FL 33955       | <input checked="" type="checkbox"/> Delete                                   |  |   |                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>LAPINSKI, JO<br>2060 MATECUMBE KEY RD #2802<br>PUNTA GORDA, FL 33955 | <input checked="" type="checkbox"/> Delete                                   |  |   |                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>BUCCI, ROBERT<br>24086 REDFISH COVE DR<br>PUNTA GORDA, FL 33955      | <input type="checkbox"/> Delete  |  |   |                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>SCHWALM, ROBERT<br>4011 KING TARPON DR<br>PUNTA GORDA, FL 33955      | <input checked="" type="checkbox"/> Delete                                   |  |   |                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VD<br>RENTSCH, HANS<br>5090 KEY LARGO CIR<br>PUNTA GORDA, FL 33955        | <input type="checkbox"/> Delete  |  |   |                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>GASSNER, STUART<br>17850 HIBISCUS COVE CT<br>PUNTA GORDA, FL 33955   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |   |                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD<br>O'NEILL, JOHN<br>4025 BIG PASS LN<br>PUNTA GORDA, FL 33955          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |   |                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VD<br>WOODLING, TOM JR<br>24621 DOLPHIN COVE DR<br>PUNTA GORDA, FL 33955  | <input type="checkbox"/> Change <input checked="" 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>[Signature]</i>  |   |  |  |   |                             |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |   |  |  |   |                             |
| Date: <b>2/25/08</b> Daytime Phone #: <b>941-639-6552</b>  |   |  |  |   |                             |