


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2008 8:00 am
Secretary of State

02-18-2008 90019 017 ****61.25

DOCUMENT # 751317 1. Entity Name FAIRWAY PINES OF BONITA, INC.					
Principal Place of Business 25402 GOLF LAKE CIR UNIT 217 BONITA SPRINGS, FL 34135 US			Mailing Address 25402 GOLF LAKE CIR. UNIT 217 BONITA SPRINGS, FL 34135 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2296659	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent WOJTOWICZ, ROBERT 25402 GOLF LAKE CIR. UNIT 217 BONITA SPRINGS, FL 34135				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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	P WOJTOWICZ, ROBERT P		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<input type="checkbox"/> Delete		NAME		
STREET ADDRESS	2717 PINE RIDGE DR		STREET ADDRESS		
CITY-ST-ZIP	ANOKA, MN 55303		CITY-ST-ZIP		
TITLE	ST GILBERTON, CLAUDIA		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<input type="checkbox"/> Delete		NAME		
STREET ADDRESS	1611 NILES LN		STREET ADDRESS		
CITY-ST-ZIP	CENTURIA, WI 54824		CITY-ST-ZIP		
TITLE	D GOOD, ROGER		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<input checked="" type="checkbox"/> Delete		NAME		
STREET ADDRESS	2165 TOWN RD.		STREET ADDRESS		
CITY-ST-ZIP	FRIENDSHIP, WI 539349647		CITY-ST-ZIP		
TITLE	D LYONS, JERRY C		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<input type="checkbox"/> Delete		NAME		
STREET ADDRESS	1664 ROONEY LAKE RD		STREET ADDRESS		
CITY-ST-ZIP	SPOONER, WI 54801		CITY-ST-ZIP		
TITLE	VP MATTHEW, DONALD D		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<input type="checkbox"/> Delete		NAME		
STREET ADDRESS	2650 BOUFFARD RD		STREET ADDRESS		
CITY-ST-ZIP	LASALLE, ONTARIO, CA n9h1w2		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	D Paul LaPointe	
STREET ADDRESS			STREET ADDRESS	20542 Enfield Circle	
CITY-ST-ZIP			CITY-ST-ZIP	Forest Lake, MN 55025	
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>Claudia M. Gilbertson</i>			2-13-08 612-269-3369		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		



02132008 Chg-NP CR2E037 (12/06)