

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751317

FILED
Jan 18, 2009
Secretary of State

Entity Name: FAIRWAY PINES OF BONITA, INC.

Current Principal Place of Business:

25402 GOLF LAKE CIR
UNIT 217
BONITA SPRINGS, FL 34135 US

New Principal Place of Business:

Current Mailing Address:

25402 GOLF LAKE CIR.
UNIT 217
BONITA SPRINGS, FL 34135 US

New Mailing Address:

25402 GOLF LAKE CIR
UNIT 217
BONITA SPRINGS, FL 34135 US

FEI Number: 59-2296659

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOJTOWICZ, ROBERT
25402 GOLF LAKE CIR.
UNIT 217
BONITA SPRINGS, FL 34135 US

Name and Address of New Registered Agent:

GILBERTSON, CLAUDIA
25402 GOLF LAKE CIR.
UNIT 110
BONITA SPRINGS, FL 34135 US

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: CLAUDIA GILBERTSON

01/18/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WOJTOWICZ, ROBERT P
Address: 2717 PINE RIDGE DR
City-St-Zip: ANOKA, MN 55303

Title: ST () Delete
Name: GILBERTON, CLAUDIA
Address: 1611 NILES LN
City-St-Zip: CENTURIA, WI 54824

Title: D () Delete
Name: LAPOINTE, PAUL
Address: 20542 ENFIELD CIRCLE
City-St-Zip: FOREST LAKE, MN 55025

Title: D () Delete
Name: LYONS, JERRY C
Address: 1664 ROONEY LAKE RD
City-St-Zip: SPOONER, WI 54801

Title: VP () Delete
Name: MATTHEW, DONALD D
Address: 2650 BOUFFARD RD
City-St-Zip: LASALLE, ONTARIO, CA N9H1W2

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: ST (X) Change () Addition
Name: GILBERTON, CLAUDIA
Address: 1150 ROSE LANE
City-St-Zip: NEW BRIGHTON, MN 55112

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: CLAUDIA GILBERSON

ST

01/18/2009

Electronic Signature of Signing Officer or Director

Date