2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2008
Secretary of State

DOCUMENT# 754001

Entity Name: BONNIE GLYNN HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O JAMES A. RIVERS
6909 CIRCLECREEK DR.
PINELLAS PARK, FL 33781 US

New Principal Place of Business:

Current Mailing Address:

C/O JAMES A. RIVERS
6909 CIRCLECREEK DR.
PINELLAS PARK, FL 33781 US

New Mailing Address:

FEI Number: 59-2046436 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RIVERS, JAMES A
6909 CIRCLECREEK DRIVE
PINELLAS PARK, FL 33781 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:	SMITH, LAURIE	
Address:	6728 SANDWATER TRAIL	
City-St-Zip:	PINELLAS PARK, FL 33781	
Title:	TD	( ) Delete
Name:	RIVERS, JAMES A.,	
Address:	6909 CIRCLE CREEK DRIVE	
City-St-Zip:	PINELLAS PARK, FL 33781	
Title:	D	( ) Delete
Name:	RALSTON, ELEANORE	
Address:	6833 CIRCLE CREEK DRIVE	
City-St-Zip:	PINELLAS PARK, FL 33781	
Title:	D	( ) Delete
Name:	BARD, BILL	
Address:	6908 CIRCLECREEK DRIVE	
City-St-Zip:	PINELLAS PARK, FL 33781	
Title:	PD	( ) Delete
Name:	SCHROEDER, DARLA	
Address:	6337 CIRCLE CREEK DRIVE	
City-St-Zip:	PINELLAS PARK, FL 33781	
Title:	VD	( ) Delete
Name:	WEBSTER, PATTI	
Address:	6863 CIRCLE CREEK DRIVE	
City-St-Zip:	PINELLAS PARK, FL 33781	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	MILLIKEN, JAY	
Address:	6809 SANDWATER TRAIL	
City-St-Zip:	PINELLAS PARK, FL 33781	
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: JAMES A. RIVERS T 04/02/2008
Electronic Signature of Signing Officer or Director — Date