

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 754001

**FILED**  
**Feb 25, 2010**  
**Secretary of State**

**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:** D  
**Name:** SMITH, LAURIE  
**Address:** 6728 SANDWATER TRAIL  
**City-St-Zip:** PINELLAS PARK, FL 33781

**Title:** TD  
**Name:** RIVERS, JAMES A  
**Address:** 6909 CIRCLECREEK DRIVE  
**City-St-Zip:** PINELLAS PARK, FL 33781

**Title:** VD  
**Name:** SCHNITZLER, HANK  
**Address:** 6867 CIRCLECREEK DRIVE  
**City-St-Zip:** PINELLAS PARK, FL 33781

**Title:** D  
**Name:** BARD, BILL  
**Address:** 6908 CIRCLECREEK DRIVE  
**City-St-Zip:** PINELLAS PARK, FL 33781

**Title:** PD  
**Name:** SCHROEDER, DARLA  
**Address:** 6337 CIRCLECREEK DRIVE  
**City-St-Zip:** PINELLAS PARK, FL 33781

**Title:** SD  
**Name:** WEBSTER, PATTI  
**Address:** 6863 CIRCLECREEK DRIVE  
**City-St-Zip:** PINELLAS PARK, FL 33781

I hereby 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 all other like empowered.

**SIGNATURE:** JAMES A. RIVERS

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02/25/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date