

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755915

FILED
Mar 31, 2005
Secretary of State

Entity Name: BONITA ISLE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

8130 HAVASU COURT
LAKE WORTH, FL 33467

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 541332
LAKE WORTH, FL 334541332 US

New Mailing Address:

FEI Number: 59-2150221

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ST. JOHN, CORE, & LEMME, P.A
CENTURIAN TOWER
1601 FORUM PLACE STE 701
WEST PALM BEACH, FL 33401 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: VD () Delete
Name: ZALOOM, GEORGE
Address: 5395 ALTA WAY
City-St-Zip: LAKE WORTH, FL 33467

Title: PD () Delete
Name: NEILSON, KEITH
Address: 8353 BONITA ISLE DR
City-St-Zip: LAKE WORTH, FL 33467

Title: SD () Delete
Name: SERRA, VICTOR
Address: 8605 BONITA ISLE DRIVE
City-St-Zip: LAKE WORTH, FL 33467

Title: TD () Delete
Name: STEURY, NORMAN
Address: 8594 BONITA ISLE DR
City-St-Zip: LAKE WORTH, FL 33467

Title: VD () Delete
Name: HAMES, EARL
Address: 5459 ALTA WAY
City-St-Zip: LAKE WORTH, FL 33467

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: SERRA, VICTOR
Address: 8605 BONITA ISLE DRIVE
City-St-Zip: LAKE WORTH, FL 33467

Title: 1VP (X) Change () Addition
Name: ZALOOM, GEORGE
Address: 5395 ALTA WAY
City-St-Zip: LAKE WORTH, FL 33467

Title: 2VD (X) Change () Addition
Name: HAMES, EARL
Address: 5459 ALTA WAY
City-St-Zip: LAKE WORTH, FL 33467

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

Title: SD (X) Change () Addition
Name: LOCKEN, MARGARET
Address: 8317 BONITA ISLE DRIVE
City-St-Zip: LAKE WORTH, FL 33467

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MARGARET LOCKEN

SD

03/31/2005

Electronic Signature of Signing Officer or Director

Date