

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 756610

FILED  
Apr 04, 2008  
Secretary of State

**Entity Name:** SILVER SANDS OF BONITA BEACH CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

26140 HICKORY BLVD.  
BONITA SPRINGS, FL 34134

**New Principal Place of Business:**

**Current Mailing Address:**

15751 SAN CARLOS BLVD #8  
FT MYERS, FL 33908 US

**New Mailing Address:**

**FEI Number:** 59-2188182

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DG SUITOR AND ASSOCIATES  
15751 SAN CARLOS BLVD #8  
FT MYERS, FL 33908 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: P ( ) Delete  
Name: LUCENLA, LARISSA  
Address: PO BOX 2526  
City-St-Zip: BONITA SPRINGS, FL 34133

Title: T ( ) Delete  
Name: DILLER, JOHN  
Address: 162 CHARLESTON PARK  
City-St-Zip: NASHVILLE, TN 37205

Title: VP ( ) Delete  
Name: LESLIE, ROBERT  
Address: 3891 INDUSTRIAL PARK  
City-St-Zip: ROLLING MEADOWS, FL 60008

Title: D ( ) Delete  
Name: NEUENS, GARY  
Address: 504 PINE TERRACE  
City-St-Zip: PCONOMOWOC, WI 53065

Title: S ( ) Delete  
Name: FIALA, NANCY  
Address: 26140 HICKORY BLVD. #702  
City-St-Zip: BONITA SPRINGS, FL 34134

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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: C.R. MIDDLETON

MGR

04/04/2008

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

\_\_\_\_\_  
Date