

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 14, 2007 8:00 am
Secretary of State

04-30-2007 90840 023 ****61.25

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DOCUMENT # 759396 1. Entity Name BONITA RESORT & CLUB ASSOCIATION, INC.					
Principal Place of Business 26101 HICKORY BLVD BONITA BEACH, FL 33923 US			Mailing Address P.O. BOX 540669 MERRITT ISLAND, FL 32954 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		03282007 Chg-NP CR2E037 (12/06)	
City & State Zip Country		City & State Zip Country		4. FEI Number 59-2167811 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent TAKACS, JOE 271 CROCKETT BLVD. MERRITT ISLAND, FL 32953	
7. Name and Address of New Registered Agent Name ROBERT PRICE Street Address (P.O. Box Number is Not Acceptable) 271 CROCKETT BLVD City MERRITT ISLAND FL Zip Code 32953				8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE DATE 06-06-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SKRIVAN, ARTHUR 25730 HICKORY BLVD, 6363C BONITA SPRINGS, FL 34134	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BANKER, ALBERT 26881 WEDGEWOOD DR. LAKESIDE VILLA, IL 34134	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD BRIDGES, JIM 114 WINESAP RD PITTSFIELD, MA 01201	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD WALLGREEN, ALRIC 4706 SPRING CREEK DR. BONITA SPRINGS, FL 34134	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MADGE, EDWARD 2601 W BROWARD BLVD FORT LAUDERDALE, FL 33312	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BARRIE, JAMES 24208 GIANT GULCH EVERGREEN, CO 80439	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: DATE 06-06-07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					