

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90114 037 ****61.25

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 #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	03122008 Chg-NP CR2E037 (12/06)	
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			7. Name and Address of New Registered Agent		
PRICE, ROBERT 271 CROCKETT BLVD. MERRITT ISLAND, FL 32953			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		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	PD	<input type="checkbox"/> Delete	TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SKRIVAN, ARTHUR		NAME	LENARD, JACQUELINE	
STREET ADDRESS	25730 HICKORY BLVD, 6363C		STREET ADDRESS	25730 HICKORY BLVD SW, 412 B	
CITY - ST - ZIP	BONITA SPRINGS, FL 34134		CITY - ST - ZIP	BONITA SPRINGS, FL 34134	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BANKER, ALBERT		NAME	JOHNS, E. JANE	
STREET ADDRESS	26881 WEDGEWOOD DR.		STREET ADDRESS	452 SONGBIRD WAY	
CITY - ST - ZIP	LAKESIDE VILLA, IL 34134		CITY - ST - ZIP	APOPKA, FL 32712	
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRIDGES, JIM		NAME		
STREET ADDRESS	114 WINESAP RD		STREET ADDRESS		
CITY - ST - ZIP	PITTSFIELD, MA 01201		CITY - ST - ZIP		
TITLE	STD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WALLGREEN, ALRIC		NAME		
STREET ADDRESS	4706 SPRING CREEK DR.		STREET ADDRESS		
CITY - ST - ZIP	BONITA SPRINGS, FL 34134		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MADGE, EDWARD		NAME		
STREET ADDRESS	2601 W BROWARD BLVD		STREET ADDRESS		
CITY - ST - ZIP	FORT LAUDERDALE, FL 33312		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BARRIE, JAMES		NAME		
STREET ADDRESS	24208 GIANT GULCH		STREET ADDRESS		
CITY - ST - ZIP	EVERGREEN, CO 80439		CITY - ST - ZIP		
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: <i>Jacqueline Lenard</i> 7-26-08 (239) 992-0286					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					
Jacqueline Lenard					

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