2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2008
Secretary of State

DOCUMENT# 760618

Entity Name: BONITA SPRINGS COUNTRY CLUB CIVIC ASSOCIATION, INCORPORATED

Current Principal Place of Business:

24781 CARNOUSTIE CT
BONITA SPRINGS, FL 34135 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 367026
BONITA SPRINGS, FL 34135 US

New Mailing Address:

PO BOX 367026
BONITA SPRINGS, FL 34136 US

FEI Number: 59-2471855 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BEERS, JOHN L
24781 CARNOUSTIE CT
BONITA SPRINGS, FL 34135 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:	PD	( ) Delete
Name:	BEERS, JOHN L	
Address:	24781 CARNOUSIIE CT	
City-St-Zip:	BONITA SPRINGS, FL 34135	
Title:	VD	( ) Delete
Name:	LUTHER, ROBERT J	
Address:	25137 CARNOUSITE CT	
City-St-Zip:	BONITA SPRINGS, FL 34135	
Title:	SD	( ) Delete
Name:	COLEMAN, DAVID	
Address:	10388 WILD TURKEY AVE.	
City-St-Zip:	BONITA SPRINGS, FL 34135	
Title:	TD	(X) Delete
Name:	BURKARD, MICHAEL A	
Address:	10280 ST PATRICK LN	
City-St-Zip:	BONITA SPRINGS, FL 34135	
Title:	D	(X) Delete
Name:	CABRAL, RENEE A	
Address:	25488 CARNEY CIR	
City-St-Zip:	BONITA SPRINGS, FL 34135	

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: JOHN L BEERS PD 03/11/2008

Electronic Signature of Signing Officer or Director — Date