2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)** 

changed, or on an attachr

SIGNATURE:

n address, with all other

mpowered

RINTED NAME OF SIGNED OFFICER OF DIRECTOR V Gary

## May 03, 2005 8:00 am Secretary of State **DOCUMENT # 760799** 1. Entity Name 05-03-2005 90087 002 \*\*\*\*61.25 BAY POINT OF BONITA CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 9240 BONITA BEACH ROAD C/O MELDON CONSULTANTS 800 HARBOUR DRIVE STE #7/8 NAPLES FL 34103 **SUITE 2217** BONITA SPRINGS FL 34135 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) City & State City & State 4. FEI Number Applied For 65-0120037 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MOORE, WILLIAM S Street Address (P.O. Box Number is Not Acceptable) **MELDON CONSULTANTS** 800 HARBOUR DRIVE STE #7/8 NAPLES FL 34103 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing **\$5.00** May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2005 Added to Fees Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE Delete TITLE ☐ Change Addition KENNEDY Phillip 5. 27670 Bay Point Lane, B-2 SCHMIEL, DAVID NAME NAME 27370-3 BAY POINT LANE STREET ADDRESS STREET ADDRESS Bonita Springs, FL 34134 **BONITA SPRINGS FL 34134** CITY-ST-ZIP CITY-ST-7IP DΡ TITLE ☐ Delete TITLE ☐ Change ☐ Addition HARLAN, GARY. MAME NAME 2760-4 BAYPOINT LANE STREET ADDRESS STREET ADDRESS **BONITA SPRINGS FL 34134** CITY-SI-ZIP CITY-ST-7(P DST TITLE ☐ Delete THILE □ Change Addition NAME RABA, ROGER NAME STREET ADDRESS 27671-2 BAY POINT LANE STREET ADDRESS CITY-ST-ZIP **BONITA SPRINGS FL 34134** CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Detete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.97(3)(i), 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 region of the true and 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 memory products.

**FILED**