


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90217 010 ****61.25

DOCUMENT # 760799			
1. Entity Name BAY POINT OF BONITA CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 9240 BONITA BEACH ROAD SUITE 2217 BONITA SPRINGS FL 34135 US		Mailing Address C/O MELDON CONSULTANTS 800 HARBOUR DRIVE STE #7/8 NAPLES FL 34103 US	
2. Principal Place of Business		3. Mailing Address 4949 Tamiami Trail N, #201	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Naples, FL	
Zip	Country	Zip 34103-3017	Country



1st MOORE CR2E037 (10/05)

4. FEI Number 65-0120037		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 MOORE, WILLIAM S MELDON CONSULTANTS 800 HARBOUR DRIVE STE #7/8 NAPLES FL 34103		7. Name and Address of New Registered Agent Name William S. Moore Street Address (P.O. Box Number is Not Acceptable) Meldon Consultants 4949 Tamiami Trail N, #201 City Naples FL Zip Code 34103-3017	
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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 William S. Moore, William S. Moore DATE 4/17/2006
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW - FEE IS \$61.25 Due By May 1, 2006	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KENNEDY, PHILLIP S 27670 BAY POINT LANE, B-2 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	DP HARLAN, GARY 2760-4 BAYPOINT LANE 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	DST KABA, ROGER 27671-2 BAY POINT LANE 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	<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	<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	<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 Section 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: Kus Gary Harlan Y-1306 20559720