2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Apr 28, 2008 08:00 AN Secretary of State **DOCUMENT # 760799** 1. Entity Name BAY POINT OF BONITA CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 9240 BONITA BEACH ROAD 4949 TAMIAMI TRAIL N. **SUITE 2217** #201 **BONITA SPRINGS FL 34135** NAPLES FL 34103 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt #, etc Suite, Apt. #, etc 1st MOORE CR2E037 (10/07) City & State City & State 4. FEI Number Applied For 65-0120037 Not Applicable Zip Country 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 4949 TAMIAMI TRIAL N. #201 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, typed or printed name of registered agent and title if amplicable. (NOTE: Registered Agent signature you urod when reinstating) DATE FILE NOW: FEE IS \$61.25 Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2008 Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delote TITLE 000000925454 ☐ Change KENNEDY, PHILLIP S NAME NAME 05/20/08-80028-001 61.25 27670 BAY POINT LANE, B-2 STREET ADDRESS STREET ADDRESS BONITA SPRINGS FL 34134 CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Delote TITLE Change Addition HARLAN, GARY NAME NAME 2760-4 BAYPOINT LANE STREET ADDRESS STREET ADDRESS **BONITA SPRINGS FL 34134** CITY - ST - ZIP CITY-ST-7IP ☐ Dalete 7:T1F TIT: F Change Addition RABA, ROGER NAME NAME STREET ADDRESS 27671-2 BAY POINT LANE STREET ADDRESS BONITA SPRINGS FL 34134 CITY - ST - 7IP CITY-ST-7:P HILF ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE 101.0 Change Addition NAME MALIF STREET AUDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP TITLE ☐ Delete ☐ Change TITLE Addition . i., NAME NAME STREET ADDRESS STREET ADDRESS

12. Thereby 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 kno 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:

SIGNATURE:

CITY-ST-ZIP

CITY-ST-ZIP