## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## Apr 27, 2006 8:00 am Secretary of State **DOCUMENT #761780** 04-27-2006 90191 038 \*\*\*\*61.25 1. Entity Name BONITA BEACH OWNERS ASSOCIATION. INC. <u>፞፞፞፞፞</u>ዿህህ፞፞፞ Principal Place of Business Mailing Address 105 PEACHTREE DRIVE 105 PEACHTREE DRIVE LYNN HAVEN, FL 32444 STE 302 LYNN HAVEN, FL 32444 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01232006 Chg-NP CR2E037 (11/05) City & State 4. FEI Number 59-222825 Applied For City & State Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FRENCH, W. GREGORY CPA Street Address (P.O. Box Number is Not Acceptable) 105 PEACHTREE DR LYNN HAVEN, FL 32444 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Make check payable to Trust Fund Contribution. Florida Department of State Added to Fees Due by May 1, 2006 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PD Director President TITLE □ Delete TITLE ☐ Channe Addition Dill, Glenn TOCLE, GREG NAME 235 Wyngate Circle NAME 510 KNIPP HOUSTAS STREET ADDRESS STREET ADDRESS FareHeville GA 30215 HOUSTON, TX 77024 CITY-ST-7IP CITY-ST-ZIP Vice President + Director | Change VPD TITLE X Addition TITLE **S** Delete Laramore, C P.O. Box 984 WEST, MIKE NAME NAME STREET ADDRESS P.O BOX 7464 STREET ADDRESS FL 32446 CITY+ST-ZIP PANAMA CITY, FL 32417 CITY-ST-ZIP Marianna Treasurer \_ Change DIFECTOR Delete TITLE secretary, Addition TITE F Picken, Hank 1500 Big Shanty Drive NAME NAME 4331 OLD CLUB ROAD STREET ADDRESS STREET ADDRESS ennesaw, GA MACON, GA 31210 CITY-ST-ZIP CITY-ST-ZIP Assistant Secretary Riley. Rick ☐ Delete Addition Addition TITLE TITLE ley 821 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME Brown STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP -race vill Director Addition ☐ Change ☐ Delete TIT! F TITLE hurch, Melani NAME NAME STREET ADDRESS STREET ADDRESS Knowle CITY-ST-ZIP 31804 GA CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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

Glenn Dill - President

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

FILED