

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 761780

FILED
Apr 27, 2009
Secretary of State

Entity Name: BONITA BEACH OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

105 PEACHTREE DRIVE
LYNN HAVEN, FL 32444

New Principal Place of Business:

Current Mailing Address:

105 PEACHTREE DRIVE
STE 302
LYNN HAVEN, FL 32444

New Mailing Address:

FEI Number: 59-2222825

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRENCH, W. GREGORY CPA
105 PEACHTREE DR
LYNN HAVEN, FL 32444 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: P () Delete
Name: TOCLE, GREG
Address: 17921 FRONT BEACH RD
City-St-Zip: PANAMA CITY BEACH, FL 32413

Title: D () Delete
Name: RIVES, BENJAMIN
Address: 4331 OLD CLUB ROAD
City-St-Zip: MACON, GA 31210

Title: S () Delete
Name: CASON, CAROL
Address: 1500 PRITCHETT RD
City-St-Zip: FORTSON, GA 31808

Title: VPD (X) Delete
Name: WEST, MIKE
Address: BOX 7464
City-St-Zip: PANAMA CITY BEACH, FL 32413

Title: T (X) Delete
Name: PICKEN, HANK
Address: 1560 BIG SHANTY DR
City-St-Zip: KENNESAW, GA 30144

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: POWELL JR., J. A
Address: 4601 ARKWRIGHT RD.
City-St-Zip: MACON, GA 31210

Title: T (X) Change () Addition
Name: WEST, MIKE
Address: BOX 7464
City-St-Zip: PANAMA CITY BEACH, FL 32413

Title: S (X) Change () Addition
Name: LARAMORE, CHARLOTTE
Address: P.O. BOX 984
City-St-Zip: MARIANNA, FL 32447

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: W. GREGORY FRENCH

CPA

04/27/2009

Electronic Signature of Signing Officer or Director

Date