


2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-10-2003 90447 001 ****61.25

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DOCUMENT # 761780	
1. Entity Name BONITA BEACH OWNERS ASSOCIATION, INC.	

Principal Place of Business 17925 FRONT BEACH RD. PANAMA CITY BEACH FL 32413	Mailing Address 101 EAST 23RD ST STE 302 PANAMA CITY FL 32405
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2. Principal Place of Business	3. Mailing Address 105 Peachtree Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Lynn Haven, FL	City & State Lynn Haven, FL
Zip 32444	Zip 32444
Country	Country




☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent FRENCH, W. GREGORY CPA 101 E. 23RD ST., STE 302 PANAMA CITY FL 32405	
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4. FEI Number 59-2222825	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 City LYNN HAVEN FL Zip Code 32444	
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 1/8/2003

FILE NOW: FEE IS \$61.25	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	
TITLE PD	<input checked="" type="checkbox"/> Delete
NAME LARAMORE, CHARLOTTE	
STREET ADDRESS 510 KNIPP HOUSTAS	
CITY-ST-ZIP HOUSTON TX 77024	
TITLE VPD	<input type="checkbox"/> Delete
NAME WEST, MIKE	
STREET ADDRESS P.O BOX 7464	
CITY-ST-ZIP PANAMA CITY FL 32417	
TITLE D	<input checked="" type="checkbox"/> Delete
NAME JONES, DEBBIE	
STREET ADDRESS 3822 SI DESTREET	
CITY-ST-ZIP ATLANTA GA 30341	
TITLE Dr. Benjamin Rives	<input type="checkbox"/> Delete
NAME 4331 Old Club Road	
STREET ADDRESS Macon, GA 31210	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Mr. Greg Toole	
STREET ADDRESS 510 Knipp Rd	
CITY-ST-ZIP Houston, TX 77024	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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 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: 	Date 1-30-03	Daytime Phone # 281-531-1135
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		

CF2E037 (10/02)