2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2009
Secretary of State

DOCUMENT# 762251

Entity Name: BONITA ROYAL CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

10632 WOODS CIRCLE
BONITA SPRINGS, FL 34135 US

New Principal Place of Business:

Current Mailing Address:

11560 RED HIBISCUS DR
BONITA SPRINGS, FL 34135 US

New Mailing Address:

FEI Number: 59-2642396 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NEWKIRK, CHARLOTTE
10632 WOODS CIRCLE #7
BONITA SPRINGS, FL 34135 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: VPD ( ) Delete
Name: STRAHAN, LUKE
Address: 10632 WOODS CIR # 2
City-St-Zip: BONITA SPRINGS, FL 34135

Title: D ( ) Delete
Name: SCHAPER, MAIK
Address: SCHLEHENSTLEG 5
City-St-Zip: ALFRED GERMANY, GR D-3101

Title: T ( ) Delete
Name: SMITH, DEBORAH M
Address: 11560 RED HIBICUS DR
City-St-Zip: BONITA SPRINGS, FL 34135

Title: P ( ) Delete
Name: FARINA-LOPEZ, LISA P
Address: 10140 MAIN DR
City-St-Zip: BONITA SPRINGS, FL 34135

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: DEBORAH M SMITH T 01/06/2009

Electronic Signature of Signing Officer or Director — Date