

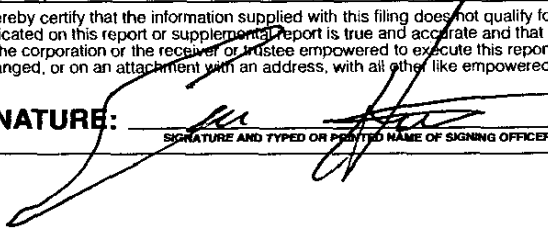


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2004 8:00 am
Secretary of State

01-12-2004 90027 034 ****61.25

DOCUMENT # 767714 1. Entity Name BONNIE BAY PHASE VII ASSOCIATION, INC.					
Principal Place of Business 7139 55TH AVENUE NO. ST. PETERSBURG, FL 33709				Mailing Address 7139 55TH AVENUE NO. ST. PETERSBURG, FL 33709	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		01052004 Chg-NP CR2E037 (10/03)	
Zip		Country		4. FEI Number 59-2453564	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent HECKATHORNE, ERIC 7242 55TH AVE N. SAINT PETERSBURG, FL 33709				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2004		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					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HECKATHORNE, ERIC 7242 55TH AVE N. SAINT PETERSBURG, FL 33709 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DARDEN, MICHELLE 7253 55TH AVE N. SAINT PETERSBURG, FL 33709 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BEOUGHER, ELIZABETH 7258 55TH AV N ST. PETERSBURG, FL 33709 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HECKATHORNE, ANN M 7238 55 AVE N ST. PETERSBURG FL 33709 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MANUS, DANW 7302 55TH AVE N. ST PETERSBURG, FL 33709 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MANUS, DAWN 7302 55TH AVE N ST. PETERSBURG, FL 33709 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEINBERG, SOLOMAN 7235 55TH AVE N ST PETERSBURG, FL 33709 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THIELEMAN, SUSAN 7211 55TH AV N ST. PETERSBURG, FL 33709 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAM Naples 7208 55th AVE N ST. Petersburg, FL 33709 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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 1-5-04 Daytime Phone # 727 542-0663	