FILED Mar 02, 2006 8:00 am **Secretary of State**

03-02-2006 90012 026 ****61.25

ANNUAL REPORT	
DOCUMENT # 767714 1. Entity Name	

BONNIE BAY PHASE VII ASSOCIATION, INC. Principal Place of Business Mailing Address 40022776 7139 55TH AVENUE NO. 7139 55TH AVENUE NO. ST. PETERSBURG, FL 33709 ST. PETERSBURG, FL 33709 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02272006 Chg-NP CR2E037 (11/05) City & State City & State 4. FEI Number 59-2453564 Applied For Not Applicable Zio Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TAYLOR, MARGARET Street Address (P.O. Box Number is Not Acceptable) 7310 55TH AVENUE PL SAINT PETERSBURG, FL 33709 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 Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2006 Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 PD ☐ Addition TITLE ☐ Delete TITLE ☐ Change TAYLOR, MARGARET NAME NAME STREET ADDRESS 7310 55TH AVENUE NORTH STREET ADDRESS SAINT PETERSBURG, FL 33709 CITY-ST-ZIP CITY-ST-ZIP VPD TITLE ☐ Delete TITLE ☐ Change Addition NAME YOUNG, ELLEN NAME 7294 55TH AVENUE NORTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SAINT PETERSBURG, FL 33709 CITY-ST-ZIP mary Low Parker SD **⊠**-€hange Delete TITLE TITLE 55th avenue N. BARITEAU, PATRICIA NAME NAME STREET ADDRESS 7230 55TH AVENUE NORTH STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG, FL 33709 CITY-ST-ZIP Juliet Dudinsky -- Addition TD Delete TITLE: TITLE HECKATHORN, ANN NAME 7254 55th au 7258 55TH AVENUE NORTH STREET ADDRESS STREET ADDRESS 5t. Petersburg, FL 33709 CITY-ST-ZIP ST PETERSBURG, FL 33709 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE WEINBERG, SOLOMAN NAME NAME 7235 55TH AVE N STREET ADDRESS STREET ADDRESS ST PETERSBURG, FL 33709 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAPLES, SAM NAME NAME STREET ADDRESS 7208 55TH AVE N STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG, FL 33709 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing 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 changed, or on an attachment with an address, with all other like empowered.