2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2006 8:00 am
Secretary of State
04-11-2006 90117 018 ****61.25

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1. Entity Name
EAGLES NEST AT BONITA BAY CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
GULF BREEZE MGMT SERVICES OF SW FL LLC 27725 OLD 41 STE 104 BONITA SPRINGS, FL 34135	GULF BREEZE MGMT SERVICES OF SW FL LLC 27725 OLD 41 STE 104 BONITA SPRINGS, FL 34135

000268B3

01062006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
8910 Terrene Court	8910 Terrene Court
Suite, Apt. #, etc.: Suite 200	Suite, Apt. #, etc.: Suite 200
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-1023067 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WEIDNER, RALPH L GULF BREEZE MGMT SERVICES OF SW FL, LLC 27725 OLD 41 STE 104 BONITA SPRINGS, FL 34135	Name Street Address (P.O. Box Number is Not Acceptable): 8910 Terrene Court Suite 200 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 GRANT, BRIAN 25961 NESTING CT #102 BONITA SPRINGS, FL 34134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MORLEY, LESLIE 25941 NESTING CT #201 BONITA SPRINGS, FL 34134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2nd V/D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD PETERSON, LEE 25970 NESTING CT # 201 BONITA SPRINGS, FL 34134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/D GIRSCH, ROBERT 25961 NESTING CT # 202 BONITA SPRINGS, FL 34134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1st V/D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ZAKS, ARNIE 25921 NESTING COURT., #202 BONITA SPRINGS, FL 34134	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	3rd V/D Schafer, Mark 25961 Nesting Court, #101 Bonita Springs, FL 34134	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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.

SIGNATURE: Brian Grant Brian Grant 3/28/06 (239) 948-8605
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

vb