

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 8:00 am
Secretary of State

03-03-2008 90198 019 ****61.25

DOCUMENT # N00000004269					
1. Entity Name EAGLES NEST AT BONITA BAY CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business C/O GULF BREEZE MGMT SVCS OF SW FL, LLC 8910 TERRENE CT STE 200 BONITA SPRINGS, FL 34135			Mailing Address C/O GULF BREEZE MGMT SVCS OF SW FL, LLC 8910 TERRENE CT STE 200 BONITA SPRINGS, FL 34135		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01032008 Chg-NP CR2E037 (12/06)	
4. FEI Number 65-1023067				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired				<input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WEIDNER, RALPH L C/O GULF BREEZE MGMT SVCS OF SW FL, LLC 8910 TERRENE CT STE 200 BONITA SPRINGS, FL 34135			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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 VD	NAME MOONEY, PETER		TITLE D	NAME <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 25921 NESTING CRT #202	CITY-ST-ZIP BONITA SPRINGS, FL 34134		STREET ADDRESS	CITY-ST-ZIP	
TITLE D	NAME MORLEY, LESLIE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS 25941 NESTING CT #201	CITY-ST-ZIP BONITA SPRINGS, FL 34134				
TITLE STD	NAME PETERSON, LEE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS 25970 NESTING CT # 201	CITY-ST-ZIP BONITA SPRINGS, FL 34134				
TITLE D	NAME VAN KLEECK, PETER		<input checked="" type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS 25981 NESTING CT #201	CITY-ST-ZIP BONITA SPRINGS, FL 34134				
TITLE PD	NAME SCHAFER, MARK		<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS 25961 NESTING CRT 101	CITY-ST-ZIP BONITA SPRINGS, FL 34134				
TITLE 	NAME		<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	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.					
SIGNATURE:			Mark Schafer 2/2/08 (239) 390-3590		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone # vb</small>		