

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004269

FILED
Apr 26, 2011
Secretary of State

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

Current Principal Place of Business:

C/O GULF BREEZE MGMT SVCS OF SW FL, LLC
8910 TERRENE CT STE 200
BONITA SPRINGS, FL 34135

New Principal Place of Business:

C/O GULF BREEZE MGMT SVCS., LLC
8910 TERRENE CT STE 200
BONITA SPRINGS, FL 34135

Current Mailing Address:

C/O GULF BREEZE MGMT SVCS OF SW FL, LLC
8910 TERRENE CT STE 200
BONITA SPRINGS, FL 34135

New Mailing Address:

C/O GULF BREEZE MGMT SVCS., LLC
8910 TERRENE CT STE 200
BONITA SPRINGS, FL 34135

FEI Number: 65-1023067

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEIDNER, RALPH L
C/O GULF BREEZE MGMT SVCS OF SW FL, LLC
8910 TERRENE CT STE 200
BONITA SPRINGS, FL 34135 US

Name and Address of New Registered Agent:

WEIDNER, RALPH L
C/O GULF BREEZE MGMT SVCS., LLC
8910 TERRENE CT STE 200
BONITA SPRINGS, FL 34135 US

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:

04/26/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD
Name: MOONEY, PETER
Address: 25921 NESTING CRT #202
City-St-Zip: BONITA SPRINGS, FL 34134

Title: PD
Name: ANDERSON, CHRISTINE
Address: 25981 NESTING CT #101
City-St-Zip: BONITA SPRINGS, FL 34134

Title: TD
Name: PETERSON, LEE
Address: 25970 NESTING CT # 201
City-St-Zip: BONITA SPRINGS, FL 34134

Title: SD
Name: SMITH, JEROME
Address: 25961 NESTING CT 202
City-St-Zip: BONITA SPRINGS, FL 34134

Title: D
Name: SCHAFER, MARK
Address: 25961 NESTING CRT 101
City-St-Zip: BONITA SPRINGS, FL 34134

I hereby 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 all other like empowered.

SIGNATURE: CHRISTINE ANDERSON

PRES

04/26/2011

Electronic Signature of Signing Officer or Director

Date