

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004548

FILED  
Feb 26, 2009  
Secretary of State

**Entity Name:** ESTANCIA AT BONITA BAY CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

4801 BONITA BAY BOULEVARD  
BONITA SPRINGS, FL 34134

**New Principal Place of Business:**

**Current Mailing Address:**

4801 BONITA BAY BOULEVARD  
BONITA SPRINGS, FL 34134

**New Mailing Address:**

**FEI Number:** 65-1095327

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BELLINGER, KRAUS  
1072 GOODLETTE RD N  
NAPLES, FL 34102 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: S ( ) Delete  
Name: REINES, PETER  
Address: 4801 BONITA BAY BLVD., 2104  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: P ( ) Delete  
Name: SHELLNBARGER, DAVE  
Address: 4801 BONITA BAY BOULEVARD #PH-202  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: T ( ) Delete  
Name: LACHNER, THOMAS  
Address: 4801 BONITA BAY BLVD., 303  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: VP ( ) Delete  
Name: BIGGS, ROBERT  
Address: 4801 BONITA BAY BLVD 1603  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: DAT ( ) Delete  
Name: VAN DYKE, STEVEN  
Address: 4801 BONITA BAY BOULEVARD #1404  
City-St-Zip: BONITA SPRINGS, FL 34134

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DAT (X) Change ( ) Addition  
Name: BUCY, KAREN  
Address: 4801 BONITA BAY BOULEVARD #801  
City-St-Zip: BONITA SPRINGS, FL 34134

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: PATTY L WILLIAMS, ACCOUNTANT

ACCT

02/26/2009

Electronic Signature of Signing Officer or Director

Date