

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90382 047 ****61.25

DOCUMENT # N01000001701

1. Entity Name
BONITA BUSINESS PARK CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
 28220 OLD 41 RD #407
 BONITA SPRINGS, FL 34135

Mailing Address
 28220 OLD 41 RD #407
 BONITA SPRINGS, FL 34135

50016178



2. Principal Place of Business
28190-28220 OLD 41 RD

3. Mailing Address
2335 9th ST. No. #505

Suite, Apt. #, etc.

04102006 Chg-NP CR2E037 (11/05)

City & State **BONITA SPRINGS, FL** City & State **NAPLES, FL**

4. FEI Number **65-1098856** Applied For Not Applicable

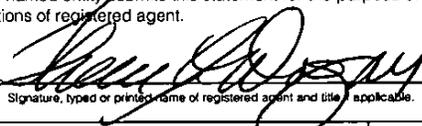
5. Certificate of Status Desired \$8.75 Additional Fee Required

Zip **34135** Country **USA** Zip **34103** Country **USA**

6. Name and Address of Current Registered Agent
SALAS, MARGARET L
 28220 OLD 41 RD #408
 BONITA SPRINGS, FL 34135

7. Name and Address of New Registered Agent
 Name **THERESE A. WAGNER**
 Street Address (P.O. Box Number is Not Acceptable)
GULF VIEW PROPERTY MGMT. INC.
2335 9th ST. No. #505
 City **NAPLES** FL Zip Code **34103**

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  **THERESE A. WAGNER** DATE **4-11-06**

(NOTE: Registered Agent signature required when reinstating)

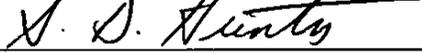
Filing Fee Is \$61.25 Due by May 1, 2006

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 P	<input type="checkbox"/> Delete NAME CARNEY, BEVERLY STREET ADDRESS 28220 OLD 41 RD CITY-ST-ZIP BONITA SPRINGS, FL 34135	TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME 28200 old 41 rd #201 STREET ADDRESS Bonita Springs FL 34135 CITY-ST-ZIP
TITLE SD	<input type="checkbox"/> Delete NAME SAN SOUCI, MARGIE STREET ADDRESS 28220 OLD 41 RD CITY-ST-ZIP BONITA SPRINGS, FL 34135	TITLE T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME 28190 Old 41 Rd #104 STREET ADDRESS Bonita Springs FL 34135 CITY-ST-ZIP
TITLE VPD	<input type="checkbox"/> Delete NAME HUNTER, SCOTT STREET ADDRESS 28220 OLD 41 RD CITY-ST-ZIP BONITA SPRINGS, FL 34135	TITLE P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME 28200 Old 41 Rd # 208 STREET ADDRESS Bonita Springs FL 34135 CITY-ST-ZIP
TITLE D	<input type="checkbox"/> Delete NAME MONTGOMERY, MARK STREET ADDRESS 28220 OLD 41 RD CITY-ST-ZIP BONITA SPRINGS, FL 34135	TITLE VP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME 28210 Old 41 Rd # 304 STREET ADDRESS Bonita Springs FL 34135 CITY-ST-ZIP
TITLE T	<input checked="" type="checkbox"/> Delete NAME SALAS, MARGARET STREET ADDRESS 28220 OLD 41 RD #408 CITY-ST-ZIP BONITA SPRINGS, FL 34135	TITLE S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME KAREN EMENS STREET ADDRESS 28190 Old 41 Rd # 101 CITY-ST-ZIP Bonita Springs, FL 34135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  **4/11/06 239-403-7991**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #