

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

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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		
2. Principal Place of Business 28190-28220 OLD 41 RD		3. Mailing Address 2335 9th ST. No. #505			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State BONITA SPRINGS, FL		City & State NAPLES, FL		4. FEI Number 65-1098856	
Zip 34135		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 34103		Country USA		Applied For <input type="checkbox"/> Not Applicable	
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 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 <small>Signature, typed or printed name of registered agent and title, if applicable.</small>		THERESE A. WAGNER <small>(NOTE: Registered Agent signature required when reinstating)</small>		4-11-06 <small>DATE</small>	
Filing Fee Is \$61.25 Due by May 1, 2006		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 NAME STREET ADDRESS CITY-ST-ZIP	P CARNEY, BEVERLY 28220 OLD 41 RD BONITA SPRINGS, FL 34135	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 28200 Old 41 Rd #201 Bonita Springs FL 34135	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SAN SOUCI, MARGIE 28220 OLD 41 RD BONITA SPRINGS, FL 34135	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D 28190 Old 41 Rd #104 Bonita Springs FL 34135	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HUNTER, SCOTT 28220 OLD 41 RD BONITA SPRINGS, FL 34135	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D 28200 Old 41 Rd #208 Bonita Springs FL 34135	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MONTGOMERY, MARK 28220 OLD 41 RD BONITA SPRINGS, FL 34135	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D 28210 Old 41 Rd #304 Bonita Springs FL 34135	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SALAS, MARGARET 28220 OLD 41 RD #408 BONITA SPRINGS, FL 34135	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D KAREN EMENS 28190 Old 41 Rd #101 Bonita Springs, FL 34135	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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 <small>Date Daytime Phone #</small>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					