

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000584

Entity Name: SINGLES OF BONITA, INC.

FILED  
Apr 30, 2004  
Secretary of State

## Current Principal Place of Business:

4811 ISLAND POND CT., UNIT 1202  
BONITA SPRINGS, FL 34134

## New Principal Place of Business:

## Current Mailing Address:

4811 ISLAND POND CT., UNIT 1202  
BONITA SPRINGS, FL 34134

## New Mailing Address:

FEI Number: 03-0392095

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SAMOUCÉ, MURRELL & FRANCOEUR, P.A.  
800 LAUREL OAK DR., STE. 300  
NAPLES, FL 34108 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: PD ( ) Delete  
Name: FORD, SUE  
Address: 23224 COCONUT SHORES DR  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: VPD ( ) Delete  
Name: BARNES, PEGGY  
Address: 14212 DEVINGTON WAY  
City-St-Zip: FORT MYERS, FL 33912

Title: PD ( ) Delete  
Name: FORD, SUE  
Address: 23224 COCONUT SHORES DR.  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: S ( ) Delete  
Name: HAMILTON, CATHY  
Address: 2614 TAMiami TRAIL N. PMB 457  
City-St-Zip: NAPLES, FL 34103

Title: D ( ) Delete  
Name: CONNOLLY, JANET  
Address: 24400 PRESERVICE CT #103  
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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: PEGGY BARNES

VPD

04/30/2004

Electronic Signature of Signing Officer or Director

Date