


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90135 001 ****61.25

DOCUMENT # N02000000584					
1. Entity Name SINGLES OF BONITA, INC.					
Principal Place of Business 24821 WAX MYRTLE DRIVE BONITA SPRINGS, FL 34134			Mailing Address P O BOX 367235 BONITA SPRINGS, FL 34136		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 03-0392095	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SAMOUCÉ, MURRELL & FRANCOEUR, P.A. 800 LAUREL OAK DR., STE. 300 NAPLES, FL 34108			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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.			FL Zip Code		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 PD NAME JOYCE, LORRAINE STREET ADDRESS 15761 IOXIA LAKES DRIVE CITY-ST-ZIP FT. MYERS, FL 33908	<input checked="" type="checkbox"/> Delete		TITLE PRES NAME HENRY ANDERSON STREET ADDRESS 9100 PITTSBURG BLVD CITY-ST-ZIP FT MYERS FL 33912	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VPD NAME DAWSON, NICKI STREET ADDRESS 10130 BROOKRIDGE LANE CITY-ST-ZIP BONITA SPRINGS, FL 34135	<input checked="" type="checkbox"/> Delete		TITLE V.P. NAME JOSEPH KRUEGER STREET ADDRESS 5049 18th AVE SW CITY-ST-ZIP NAPLES, FL 34116	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE S NAME MCKENNA, MARGARET O STREET ADDRESS 3451 THORNBURY LANE CITY-ST-ZIP BONITA SPRINGS, FL 34134	<input type="checkbox"/> Delete		TITLE TRES NAME JUDITH ZAMARRO STREET ADDRESS 11412 QUAIL VILLAGE WAY #201 CITY-ST-ZIP NAPLES, FL 34119	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME FUCHS, ROSEMARY STREET ADDRESS 24821 WAX MYRTLE DRIVE CITY-ST-ZIP BONITA SPRINGS, FL 34134	<input type="checkbox"/> Delete		TITLE D NAME ASHBY, MICHAEL STREET ADDRESS 3148 ANDORRA COURT CITY-ST-ZIP NAPLES, FL 34109	<input checked="" type="checkbox"/> Delete	
TITLE D NAME ASHBY, MICHAEL STREET ADDRESS 3148 ANDORRA COURT CITY-ST-ZIP NAPLES, FL 34109	<input checked="" type="checkbox"/> Delete		TITLE D NAME ASHBY, MICHAEL STREET ADDRESS 3148 ANDORRA COURT CITY-ST-ZIP NAPLES, FL 34109	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME ASHBY, MICHAEL STREET ADDRESS 3148 ANDORRA COURT CITY-ST-ZIP NAPLES, FL 34109	<input type="checkbox"/> Delete		TITLE D NAME ASHBY, MICHAEL STREET ADDRESS 3148 ANDORRA COURT CITY-ST-ZIP NAPLES, FL 34109	<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: <i>Judith Zamarro, Treas.</i> JUDITH ZAMARRO, TREAS 3/31/06 (774) 275-0973					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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