

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 28, 2007 08:00 AM
Secretary of State

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**



02072007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 03-0392095	Applied For <input type="checkbox"/> Not Applicable
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**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ANDERSON, HENRY 9100 PITTSBURG BLVD. FORT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KRUEGER, JOSEPH 5048 18TH AVE SW NAPLES, FL 34116
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCKENNA, MARGARET O 3451 THORNBURY LANE BONITA SPRINGS, FL 34134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FUCHS, ROSEMARY 24821 WAX MYRTLE DRIVE BONITA SPRINGS, FL 34134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ZAMARRO, JUDITH 11412 QUAIL VILLAGE WAY #201 NAPLES, FL 34119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000651756
03/09/07-80021-005 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

Judith Zamarro
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Judith Zamarro (339) 597-4317
Date Daytime Phone #