2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2008
Secretary of State

DOCUMENT# N02000002811

Entity Name: CARAWAY LAKES RESIDENTS' ASSOCIATION, INC.

Current Principal Place of Business:

C/O BONITA MANAGEMENT GROUP, INC
26025 CLARKSTON DRIVE
BONITA SPRINGS, FL 34135

New Principal Place of Business:

Current Mailing Address:

C/O BONITA MANAGEMENT GROUP, INC
26025 CLARKSTON DRIVE
BONITA SPRINGS, FL 34135

New Mailing Address:

FEI Number: 04-3692717 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RAUBOLT, ROBERT R
C/O BONITA MANAGEMENT GROUP, INC
26025 CLARKSTON DRIVE
BONITA SPRINGS, FL 34135 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:	VD	( ) Delete
Name:	GALBRAITH, KAREN	
Address:	23490 CARAWAY LAKES DR.	
City-St-Zip:	BONITA SPRINGS, FL 34135	
Title:	STD	( ) Delete
Name:	FOSTER, JERRY	
Address:	23460 CARAWAY LAKES DR.	
City-St-Zip:	BONITA SPRINGS, FL 34135	
Title:	PD	( ) Delete
Name:	GALLERY, JAMES M	
Address:	23410 CARAWAY LAKES DRIVE	
City-St-Zip:	BONITA SPRINGS, FL 34135	
Title:	D	( ) Delete
Name:	WILLSEY, BILL	
Address:	23321 CARAWAY LAKES DRIVE	
City-St-Zip:	BONITA SPRINGS, FL 34135	
Title:	D	( ) Delete
Name:	KELLY, ROBERT	
Address:	23451 CARAWAY LAKES DRIVE	
City-St-Zip:	BONITA SPRINGS, FL 34135	

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:	D	(X) Change ( ) Addition
Name:	BILODEAU, ROGER	
Address:	23350 CARAWAY LAKES DRIVE	
City-St-Zip:	BONITA SPRINGS, FL 34135	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JAMES M GALLERY PD 02/13/2008
Electronic Signature of Signing Officer or Director — Date