
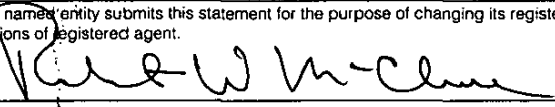
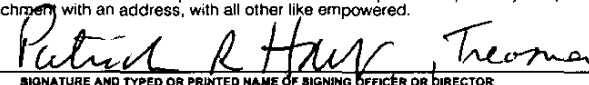


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90400 049 \*\*\*\*61.25

<b>DOCUMENT # N02000009516</b> 1. Entity Name <b>AZURE AT BONITA BAY CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>4200 GULF SHORE BOULEVARD NORTH NAPLES, FL 34103</b>			Mailing Address <b>4200 GULF SHORE BOULEVARD NORTH NAPLES, FL 34103</b>		
2. Principal Place of Business - No P.O. Box # <b>4931 Bonita Bay Blvd.</b>		3. Mailing Address <b>4931 Bonita Bay Blvd.</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Bonita Springs, FL</b>		City & State <b>Bonita Springs, FL</b>		4. FEI Number <b>04-3730101</b>	
Zip <b>34134</b>		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>CATALANO, ANTHONY J 4001 TAMIAMI TRAIL NORTH SUITE 250 NAPLES, FL 34103</b>		7. Name and Address of New Registered Agent Name <b>Robert W. McClure, P.A.</b> Street Address (P.O. Box Number is Not Acceptable) <b>3511 Bonita Bay Blvd.</b> Suite 3 City <b>Bonita Springs, FL</b> Zip Code <b>34134</b>			
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.  <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;">           SIGNATURE   <small>Signature typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 30%; text-align: center;"> <b>4-24-07</b> </div> <div style="width: 30%; text-align: right;"> <small>DATE</small> </div> </div>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LUTGERT, SCOTT F <input type="checkbox"/> Delete 4200 GULF SHORE BLVD N NAPLES, FL 34103		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Tim Gooding 4931 Bonita Bay Blvd. #2501 Bonita Springs, FL 34134	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD <input type="checkbox"/> Delete BAKER, RICHARD J 4200 GULF SHORE BLVD N NAPLES, FL 34103		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Gary Ingersoll 4931 Bonita Bay Blvd. #1002 Bonita Springs, FL 34134	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD <input type="checkbox"/> Delete GUTMAN, HOWARD B 4200 GULF SHORE BLVD N NAPLES, FL 34103		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Mike Collins 4931 Bonita Bay Blvd. #1102 Bonita Springs, FL 34134	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Bruce Anderson 4931 Bonita Bay Blvd. #701 Bonita Springs, FL 34134	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Pat Hart 4931 Bonita Bay Blvd. #502 Bonita Springs, FL 34134	
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.					
<b>SIGNATURE:</b>  <b>Patricia R. Harris, Treas.</b> <span style="float: right;"><b>4/24/07</b></span>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					