
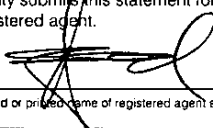



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90073 027 ****61.25

DOCUMENT # N03096 1. Entity Name LA JOLLA CONDOMINIUM ASSOCIATION OF BAY FOREST, INC.			
Principal Place of Business C/O GEORGE SUGGS 15455 ROYAL FERN N. #38 NAPLES, FL 34110 US		Mailing Address C/O GEORGE SUGGS 15455 ROYAL FERN N. #38 NAPLES, FL 34110 US	
2. Principal Place of Business - No P.O. Box # 27180 Bay Landing Dr		3. Mailing Address 27180 Bay Landing Dr	
Suite, Apt. #, etc. 4		Suite, Apt. #, etc. 4	
City & State Bonita Springs FL		City & State Bonita Springs FL	
Zip 34135		Zip 34135	
Country USA		Country USA	
4. FEI Number 65-0115399		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 SUGGS, GEORGE 15455 ROYAL FERN LANE N #38 NAPLES, FL 34110		7. Name and Address of New Registered Agent Name John O'Gorman Street Address (P.O. Box Number is Not Acceptable) Sterling Prop. Serv 27180 Bay Landing Dr. Ste 4 City Bonita Springs FL Zip Code 34135	
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 		DATE 4/17/08	
Filing Fee is \$61.25 Due by May 1, 2008		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 SUGGS, GEORGE STREET ADDRESS 15455 ROYAL FERN LANE N #38 CITY-ST-ZIP NAPLES, FL 34110	<input type="checkbox"/> Delete	TITLE VD NAME SUGGS, George STREET ADDRESS 15455 Royal Fern Lane #38 CITY-ST-ZIP NAPLES FL 34110	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD NAME JONES, BRAD STREET ADDRESS 15455 ROYAL FERN LANE N #23 CITY-ST-ZIP NAPLES, FL 34110	<input type="checkbox"/> Delete	TITLE PD NAME Jones, Brad STREET ADDRESS 15455 Royal Fern Lane #23 CITY-ST-ZIP Naples FL 34110	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE STD NAME O'CONNOR, LOIS STREET ADDRESS 15455 ROYAL FERN LANE N #24 CITY-ST-ZIP NAPLES, FL 34110	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<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: 		DATE 4-18-08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	