


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90235 017 ****61.25

DOCUMENT # N04000000880

1. Entity Name
NORTH BAY VILLAGE OF BONITA SPRINGS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
26381 SOUTH TAMIAMI TRAIL SUITE 300 BONITA SPRINGS, FL 34134

Mailing Address
26381 SOUTH TAMIAMI TRAIL SUITE 300 BONITA SPRINGS, FL 34134

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country


3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number
20-0743606

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

01092007 Chg-NP CR2E037 (12/06)



6. Name and Address of Current Registered Agent

**DURANT, MICHAEL A
 CONROY, COLEMAN & HAZZARD, P.A.
 2640 GOLDEN GATE PKWY, STE 115
 NAPLES, FL 34105**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	NASHMAN, JAMES A
STREET ADDRESS	26381 SOUTH TAMIAMI TRAIL
CITY-ST-ZIP	BONITA SPRINGS, FL 34134
TITLE	D <input type="checkbox"/> Delete
NAME	JENNINGS, KEITH
STREET ADDRESS	26381 SOUTH TAMIAMI TRAIL
CITY-ST-ZIP	BONITA SPRINGS, FL 34134
TITLE	D <input type="checkbox"/> Delete
NAME	LAUER, FREIDA
STREET ADDRESS	26381 SOUTH TAMIAMI TRAIL
CITY-ST-ZIP	BONITA SPRINGS, FL 34134
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: _____ **4/23/07** _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #